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CLINICAL LECTURES,

DELIVERED AT UNIVERSITY COLLEGE HOSPITAL,

BY

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ECZEMA IMPETIGINODES,

AND REMARKS ON THE CONTAGIOUS AND NON-CONTAGIOUS PUSTULAR AFFECTIONS OF THE HEAD.

GENTLEMEN:—Before relating to you the histories of two cases of eczema impetiginodes which have been under your observation, both patients having now left the hospital cured, I shall make a few remarks on the elementary characters of this cutaneous affection, that you may have a more clear conception of those characters, as the only means of enabling you to recognise the disease when you meet with it, in its different forms, and on different parts of the body, and thereby distinguish it from other similar cutaneous diseases with which it is so frequently confounded, and from which it differs in one most essential particular, viz., its non-contagious nature; and this appears to me the more necessary because of the imperfect acquaintance which not only students, but even most medical men, possess of cutaneous diseases generally, and because of the importance of an accurate diagnosis, more especially as regards those pustular forms of cutaneous disease which are propagated by contagion.

In order to impress on your minds the importance of an accurate diagnosis of skin diseases, I may further observe that it is the first and most essential means of acquiring a knowledge of their history and treatment; for as it is, in general, by an accurate appreciation of their *physical* characters that you can obtain their respective designations and names, so is it from this latter circumstance that you can refer to those standard works in which you are to find the result of the experience of those who have studied these diseases in an especial manner. In this point of view alone an accurate diagnosis, if not as important as regards the issue of the case, as it always is in diseases affecting those organs essential to the maintainance of life, is often much more so as regards the reputation of the practitioner; as, for example, when he pronounces a disease of the skin to be non-contagious which very soon after is communicated to other members of a family, or to the other inmates of a school; or, on the other hand, his pronouncing a disease to be contagious which is not so, and in consequence of his erroneous diagnosis giving rise to great disquietude, and inflicting too frequently a great injury on his patient, as happens to children at school, whose removal follows as a necessary consequence.

These latter observations apply more especially to the pustular and vesiculo-pustular affections of the scalp, some of which are contagious, others not, and which, although in almost all cases their special and distinctive characters are sufficiently well marked to furnish us with the elements of an accurate diagnosis, are frequently, nay daily, confounded with each other.

However frequent the contagious forms of pustular affections of the head are believed to be, it is an important fact that the non-tagious forms are extremely frequent. Perhaps I would be justified in saying that they are much more frequent than the former; for among the considerable number of cases which I have had occasion to treat among the out-patients of this hospital, there have been extremely few of a contagious nature. Indeed, I believe I have had only two cases of contagious pustular disease of the head, viz., the *porrigo scutulata*, more commonly, but indefinitely, called ringworm, and certainly not a single case of porrigo favosa.

As I shall, no doubt, have the opportunity of bringing under your notice, at some future period, the subject of pustular diseases of the skin, in their *contagious* forms, I shall not at present enter into a description of their special elementary characters. It will, besides, be sufficient for our present purpose to notice the distinctive characters of these as a means of giving precision and prominency to those which usually charac-

terise the *non-contagious* pustular affections presented by the two patients whose cases I have to relate to you.

And, in the first place, what are the elementary characters of eczema impetiginodes? This disease, as the term implies, is a compound of two diseases,—of eczema and of impetigo. Now, each of these, in its separate state, has its own elementary character —a vesicle in eczema, and a pustule in impetigo. In eczema impetiginodes we have both, the vesicle and the pustule; the vesicle, however, being the primary element, and generally predominating during the early stage of the disease. And, besides, the pustular character of this affection always succeeds to the vesicular, and can easily be traced during its progress to a change in the contents of the vesicle, which consisting, at first, of a clear yellow-coloured serosity, afterwards becomes milky-looking, opaque, and puriform. In most cases, however, of eczema impetiginodes the pustular element is much less perfect than the vesicular, the contents of the former consisting of a seropurulent, rather than of a purulent fluid. But in cases in which the inflammation is more severe than usual, the perfect impetiginous pustule is formed; that is to say, the small, psydraceous pustule, characteristic of impetigo, and even the large or phylaceous pustule, characteristic of ecthyma.

Such are the special and distinctive characters of eczema impetiginodes. The pustular character of this form of eczema distinguishes it from the other forms of the disease, viz., from the eczema simplex, which is a purely vesicular eruption, neither preceded nor accompanied by redness of the skin; and from eczema rubrum, which is always distinguishable by the bright-red colour of the skin, and the number of minute vesicles by which it is covered. To distinguish eczema impetiginodes from some other diseases of the skin is not always so easily accomplished, and this is more especially the case in that form of scabies, called scabies purulenta, affecting the fingers and hands, parts, also, often affected with eczema impetiginodes. But as these parts were not affected in either of our patients, I shall notice only those circumstances which distinguish this disease more especially from porrigo of the scalp, and on other parts of the body. But I shall first read to you the short case of Charlotte Fuller, admitted on the 1st of January, with eczema impetiginodes. She was a female child, two years of age, in general good health, and about a month before was said to have had *ringworm*, which was followed by an eruption on the head and nates. When examined the following were the appearances observed:—Scalp thickly covered with an eruption and dried incrustation. In some parts *vesicles*, in others *pustules*, with an *inflamed* basis and a *raised centre*. Behind the ears, erythematous redness accompanied by a considerable discharge. Besides these appearances of the head and ears there were also redness, swelling, and excoriation of the nates. There was little or no disturbance of the general health.

This is an extremely simple and obvious case of two forms of eczema, viz., eczema impetiginodes of the scalp, and of eczema rubrum of the ears and nates. The vesiculo-pustular eruption of the scalp, in the first stage of the disease, and the incrustations formed by the discharge of the secreted fluids in the second stage, were well marked, and without those complications which arise from the long duration of the disease, a bad state of the general health, and neglect of cleanliness. The characters of the eczema rubrum behind the ears and on the nates were less perfect, as the vesicular element was absent, as generally happens on the decline of the disease, there remaining only the bright-red colour of the skin from which it derives its name, with a few thin, laminated, transparent incrustations, formed by the morbid secretion of the inflamed cutis deprived of the epidermis. In this stage of the affection it resembles, and is sometimes denominated, intertrigo, which, however, is only a variety of erythema, produced by friction of contiguous parts, as between the thighs and nates of fat children, for example.

This case terminated favourably in about three weeks after the admission of the little patient, under the use of a mild antiphlogistic treatment, such as is always indicated and required in recent cases of this nature. After the removal of the hair, poultices were employed with a twofold intention, viz., to facilitate the removal of the incrustations and diminish the inflammatory excitement which accompanies the eruption. This latter intention was also fulfilled by water-dressings behind the ears. The bowels were regulated, at first, by means of calomel and rhubarb, and afterwards by the compound decoction of aloes and tincture of senna. The local affection improved daily, and the redness and slight discharge that still remained were nearly removed by the application of a lotion of the dilute liquor plumbi, when the child was removed at the desire of her mother.

To make any remarks on the distinctive characters of this case of eczema impetiginodes of the head, and other diseases of this part of the body, would certainly be superfluous as regards the diagnosis of this individual case, so simple and obvious were the elementary characters which it presented. But, had this same disease presented itself under more unfavourable circumstances; had the vesicular or vesiculo-pustular character entirely disappeared, and the hair been matted together by the repeated accumulation of the morbid secretion of the inflamed cutis, its real nature might not

have been so easily determined. The probability is, that it would have been classed among the porrigos, and suspicions entertained of its contagious nature. And here I may with propriety introduce a few observations on the special and distinctive characters of the contagious forms of pustular affections of the scalp, in order to simplify the means of discriminating between them and other non-contagious pustular eruptions of the impetiginous kind. In the case which I have related no doubt could be entertained, as I have already said, regarding its nature, not only on account of the presence of the vesicles, but from the *form* of the pustule, which the reporter of the case has taken care to state, presented a *raised centre*. This circumstance alone is sufficient to separate the non-contagious from the contagious pustular eruptions of the scalp,—the *form* of the pustule, besides other equally important characters, being the very reverse of the former, viz., having a depressed centre. But, in order to render this subject more precise and intelligible, let me state, in outline only, the pustular affections of the scalp. These are four in number: two of them have for their elementary character what is called the favous pustule; the two others the achores pustule. Now, there can be no doubt that the favous pustule is one *sui generis*, and essentially contagious, and includes two forms of porrigo,—the porrigo favosa, and the porrigo scutulata, the true ringworm of authors, if not of the vulgar. The achores pustules, on the other hand, if they do not characterise a special disease of the scalp, are certainly not susceptible of transmission by contagion, and hence an important distinction between the diseases to which they give rise and those of the favous character. The diseases of the scalp, however, arising in the achores pustule, have been included under the porrigos, and present two varieties, the porrigo larvalis and the porrigo granulata. I am, however, disposed to think, with Biett, that they might be separated from the porrigos, from the circumstance of their non-contagious nature, and also from their bearing a strong resemblance to impetigo or eczema impetiginodes, of which they are probably only modifications, owing to a difference in the seat which they occupy. But, be this as it may, it is obvious that our great object ought to be to be able to distinguish the contagious pustular eruptions from every other pustular affection of the scalp; and this may be accomplished in by far the greater number of cases either at first sight, or after watching the progress of the disease for a few days. The characters, then, by means of which we distinguish the two forms of contagious pustular diseases of the scalp,—the porrigo favosa and the porrigo scutulata,—are the following; and, first, of those of porrigo favosa: the favous pustule is formed by the deposition of a minute quantity of pus, which concretes almost immediately into a pale yellow or straw-coloured substance, having a defined circular edge, hardly, if at all, rising above the surface of the skin, and surrounded by a slight blush of red. The successive effusion and concretion of the matter proceeds from the centre towards the circumference, in which direction it accumulates, thereby raising the circular edge of the crust, and giving to it that *cup-shaped* form by which it is so readily recognised. The size of these *concrete* pustules varies from one to two lines, to half or three-quarters of an inch in diameter. They are distinct at the commencement, but become confluent during their formation, and are sometimes confounded together into a large, dry, brittle mass, resembling a mixture of sulphur and plaster. Even in this state, however, of agglomeration, traces of the primitive character of the disease are perceptible, viz., numerous round or irregular depressions, indicating the situation and number of the original favi.

In the second form, viz., the porrigo scutulata, the favous pustules, instead of being distinct, as in the former, are confluent from the commencement, and form patches, of various extent, around the circumference of which they are much more numerous than at the centre. Patches of this kind may be seen on various parts of the scalp, but, however much they may increase in extent, by the accumulation of the concrete effused matter, and although, from this circumference the alveolar depressions may become effaced, the projecting, defined, circular edges of the favi are always to be observed around the circumference of the patches, and serve to point out the nature of the affection. The concrete matter of the patches resembles plaster, is of a dirty-grey colour, rather than a yellow tinge, as in the porrigo favosa. Such is a general outline of the physical and distinctive characters of what may be regarded as the true porrigos,—the porrigo favosa and scutulata,—and by means of which we are enabled to distinguish them from other pustular affections of the scalp with which they are confounded, that is to say, with impetigo, eczema impetiginodes, and still more so with the *porrigo larvalis* and *porrigo granulata*. I have already said that these two latter pustular affections have not the favous but the achores pustule for the basis of their classification, and that it is extremely probable that the achores pustule is merely a modification of the pustule of impetigo, affected by its locality, and constitute, when seated in the scalp, varieties of impetigo and eczema impetiginodes. The achores pustules, however, which constitute the porrigo larvalis and granulata, are larger than those of the porrigo favosa and scutulata, at their com-

mencement. They are situated superficially, instead of being sunk deep in the cutis, as is the case in the latter; they are, in fact, prominent, instead of being depressed; are surrounded by an inflamed basis; are scattered over the head or other parts of the body; and instead of the puriform fluid *concreting* when effused within a *defined circumscribed* space, it is *spread* over the surrounding surface in the form of laminated, brittle incrustations, of a yellowish-green, yellowish-brown, or brown colour. The dry, irregular incrustations, independent of the colour, of these two *non-contagious* forms of porrigo, cannot be confounded with the solid circular patches, with depressed centres, of porrigo favosa and scutulata, the only two pustular diseases from which, as I have already said, it is of importance that they should be distinguished.

We now come to the consideration of the second case of eczema impetiginodes, which is one of considerable interest, even in a diagnostic point of view, owing to the unusually obscure and complicated appearances which it presented. I shall first read you the history of this case, taken from the case-book, before offering you the explanatory observations which it suggests.

History of Case.—John Smith, æt. 35, admitted December 4th, 1838, formerly a groom, but for the last three years has been employed as a gardener; he is of a sanguine temperament, tall and muscular, married, and of regular habits; parents are living, and generally healthy; his own health has always been remarkably good. Fourteen years ago (before his marriage) he contracted gonorrhœa, and got well in about a fortnight by the use of internal remedies. He declares he never had any venereal complaint since, nor, indeed, ever been in "harm's way." In the summer, six years ago, he had an eruption of small pimples all over his body, on glans penis, and scrotum, as well as on other parts. These were attended with very little itching and died away spontaneously towards winter; they have returned every summer about June. The eruption was supposed, by his medical attendant, to be syphilitic, and the patient was salivated three times within the twelve months, three years ago. At this time he states that he had a small swelling in the groin, which, however, soon subsided after leeching and rest. After the first salivation the eruption assumed a new form; the pimples broke and discharged a yellow fluid, which concreted into thick scabs. Similar pimples now began to appear on the scalp and face, being preceded by severe headachs. Each pimple broke, enlarged, joined with neighbouring ones, and formed large discharging surfaces, which afterwards gradually healed at the centre, on various parts of the head, trunk, and extremities. His throat became sore; there were large ulcers formed in it, and it continued in this state for two months. He became gradually worse and worse, and was, as stated, admitted, the 4th December.

Present Symptoms.—His face is nearly covered with the eruption; the patches are irregular in size, but generally assume a circular form; some parts are erythematous, covered with a furfuraceous desquamation, and around the margins of these patches which have healed in various degrees in the centre, the still discharging eruption forms scabs and crusts of a yellow colour, by the concreting of the matter furnished by the pustules. There are numerous patches on the head, behind the ears, &c. &c.; the margins of the patches are not raised, but the skin around is red and shining; the eruption heals in the centre of the patches, and the parts, once the seat of the disease, do not again become affected. The affected parts are hot, itch, and smart, and heat only makes them worse. There are several large patches on the back, and on the front of the chest, one on the left scapula, and one on the right breast, forming a complete ring. Another very large one is situated just below the knee, healed in the centre, the skin there being of the natural colour, and another patch under the left thigh, four inches in breadth. There are small red papulæ, containing fluid of a yellow colour, like impetiginous pustules, diffused over the body in various parts.

The upper lip is much swollen, and protruded; the eyelids are thickened, there is lippitudo and coryza; the sight is dim and impaired, and the eyeballs blood shot.

The skin is, at times, very hot and dry; he is very much weakened by the disease; appetite is pretty good; thirst; sleep bad; very little perspiration; bowels regular; urine high coloured, and rather increased in quantity; tongue clean and natural.

The history of this case suggests two inquiries: first, the nature of the eruption considered in itself; and, secondly, its remote cause or origin. As to the eruption, it presented far from common appearances, both as regarded its general characters and the great extent of the surface which it affected; in some of its characters it bore a faint resemblance to psoriasis, particularly in the redness of the inflamed surfaces and the presence of the furfuraceous desquamations, or, rather, thin whitish, transparent, laminated scales, which covered a great part of these surfaces. It was, however, only in these respects that it had any resemblance to psoriasis, and that but a very imperfect one; for, in this disease, the squamæ are white and opaque, and are not only accumulated into thick rugous masses, in chronic cases, such as that of our patient, but the inflamed cutis is thickened, hardened, and fissured, which in this case was smooth and shining. Besides the somewhat scaly or squamous character of the affection, which

gave to it a resemblance to psoriasis, there was also another circumstance calculated to lead astray, viz., the tendency of the large patches to heal in the centre; but this circumstrance is observed in other and different cutaneous diseases, and particularly in that with which this patient was affected.

Besides these negative characters of the disease, there was one of a positive nature, which at once served to distinguish it from psoriasis, viz., the *incrustations*, or *scabs*, which occupied principally the outer margin or circumference of several of the patches on different parts of the body. These were of a yellowish or yellowish-brown colour, obviously formed by the concretion of a viscid secretion, such in fact, as is observed to occur in impetigo or eczema impetiginodes. No such kind of crust or viscid discharge occurs in psoriasis although in some cases of psoriasis inveterata, after an exacerbation of the inflammatory excitement, a slight discharge may take place; but even here the resemblance to impetigo is extremely remote in this as well as in many other circumstances.

Could there have been any doubt as to the character of the disease as indicated by the general appearances of the patches, and particularly by that of the scabs, this would have been removed by the presence of the impetiginous pustules on several parts of the body.*

This form of impetigo is, as I have already said, far from being common. It is observed in persons of a lymphatic or scrofulous constitution, and most frequently as a sequela of venereal infection, and possibly in those on whose constitutions mercury exercises an injurious influence. It is stated that this patient had a gonorrhœa fifteen years ago, which was removed in the course of about a fortnight after the use of internal remedies, probably no mercury having been employed. Nine years after he had, in summer, what appeared to have been a papular eruption over the whole body, including the glans penis, and which disappeared spontaneously towards the winter, and which had returned every summer since. This eruption was supposed, by the medical attendant of the patient, to be syphilitic, and three years ago he was salivated three times within the twelvemonths. Instead of this treatment having been of any service to the patient, the disease with which he was afflicted became worse after the *first* salivation. Instead of a papular there now appeared a pustular eruption, occupying first the head and face, and accompanied by severe headach. It was at this time, also, that the throat became affected, and was the seat of ulceration for about two months. From this period, also, the cutaneous disease increased in severity until it had arrived at that stage at which you saw it when he was admitted into this hospital.

When I first saw this patient I did not attach much importance to the venereal origin of his disease, nor was this to me a matter of consequence, as the treatment employed was that which has been found to be, in most cases of this nature, by far the most efficacious.

You have heard that he had fifteen years ago only a gonorrhœa, although our evidence on this point is by no means conclusive. However, were his statement correct, it would not be a solitary instance of syphilitic eruptions succeeding to gonorrhœa after intervals of many years. I have myself witnessed cases of this kind, in which the cutaneous affection itself, either of a scaly, vesicular, pustular, or tubercular character, bore sufficient evidence of its origin; and Biett, of the Hospital of St. Louis, of Paris, who has had the most extensive opportunities of investigating this subject, long since informed me that the occurrence of syphilitic eruptions after gonorrhœa was far from being uncommon.

Numerous experiments, particularly those of M. Ricord, have, indeed, lately demonstrated, that the primary affection of the mucous membrane is, in many cases of gonorrhœa, of the same nature as in chancre, the puriform discharge in these cases, when introduced into the cutis, being followed by the formation of a true venereal sore, or chancre, and its constitutional consequences. From a review of the history of this patient's case, therefore, you will no doubt be disposed to consider the vesiculo-pustular affection which he presented of syphilitic origin. The sore throat, combined with successive attacks of the cutaneous affection, would, by most physicians, be considered conclusive evidence in a case of this nature.

The treatment in this case was, in the highest degree, successful; how far the cure will be permanent is yet a question. However, the further use of mercury in a case of this kind would have, I am certain, as it already had done, acted most injuriously. Indeed, I may say, that almost all the bad cases of syphilis which I have seen, more especially when the throat was extensively ulcerated, the nose destroyed, nodes of the bones, excruciating pains, &c., have occurred in persons who had undergone repeated courses of mercury, and without imputing this to the deleterious operation of the mercury alone, it is no less an important practical fact that such consequences too frequently follow the operation of this medicine in constitutions contaminated by syphilis.

The following was the treatment adopted in this case:—

* A model in wax of a part of the body affected with the disease was exhibited and described.

Dec. 4. Venesection, ℥xii.; *sol. of hyd. of potash*,* ℥ss., thrice a day; middle diet.

6. Blood buffed and cupped; skin less hot.

℞ *Creosote*, one drop;
Water, ℥vj.; a lotion for the affected part.

8. Lotion caused some smarting, and was decreased in strength; two ounces additional of water. Increase solution to two scruples.

11. Heat and itching less; eruption paler. *Sol. of hyd. of potass*, ℥i.

15. Improving rapidly. *Sol. of hyd. of potass*, ℥j scruples.

18. Much less redness, heat, and smarting; lotion diminished in strength from its causing too much tingling. *Sol. of hyd. of potass*, four scruples.

22. Eruption still less red and tingling; patient feels much easier, but had an attack of headach and sickness, from having taken ℥ss. of the solution, by mistake, more than was ordered.

25. Venesection ℥vj.; *sol. of hyd. of potass*, ℥iss.

From this period up to the 10th of January, the general health of the patient and the cutaneous affection gradually and steadily improved.

The use of the creosote lotion was continued, with some variation in its strength, and the solution of the hydriodate of potash gradually increased to ℈v. A few days after the patient was allowed a more generous diet. On the 22nd he was nearly well, desirous of returning home; and on the 24th was discharged cured, the only remains of the cutaneous disease consisting in a reddish discolouration of the parts of the skin which were affected by the eruption.

SUBSTANCE OF

A CLINICAL LECTURE
ON
INJURIES OF THE HEAD,

BY FREDERICK HALE THOMSON, ESQ.,

Assistant-Surgeon to the Westminster Hospital,

DELIVERED ON WEDNESDAY, APRIL 3RD, 1839.

PREVIOUSLY to entering into the matter of his lecture Mr. Thomson alluded to an error which had crept (he supposed through the inadvertence of the reporter) into an abstract of some of his clinical observations published in No. 813 of THE LANCET. The reporter had used the term *drops*, instead of *grains*, in speaking of the doses of phosphoric acid.

* The solution of the hyd. of potass employed in the hospital contains one drachm to the ounce of water.

The lecturer began by stating that the plan he should follow in his future clinical prelections would be to select the most striking surgical cases that might come under his care, to analyse the etiology, the symptoms, and the therapeutical progress of each case, and consider how far the facts elicited tended to confirm, modify, or subvert the received principles of surgical pathology and treatment. On this occasion he was induced to select the subject of "injury of the head" for the theme of his observations, because the students had recently witnessed the treatment of a most interesting case of fracture of the *basis cranii*, which illustrated some of the most important points relating to this class of injuries.

The patient who was the subject of this injury was J. T., aged 31, a respectable tradesman, who was brought into the Westminster Hospital on the 15th January, 1839, at 10 P.M., having fracture of the base of the cranium. He had been dining with some friends in the city, and returning home inebriated, he drove his gig against a lamp-post. He was pitched out, and struck the crown of his head against the curb-stone. When brought into the institution there was a severe contusion in the scalp over the protuberance of the right parietal bone, and considerable hæmorrhage from the right ear. The countenance was expressionless, but the face was not livid. The breathing was slightly stertorous. There was total loss of both motion and sensation in the right arm and leg. The pupils of the eyes were of equal size, but slightly dilated; they contracted sluggishly when the stimulus of light was applied. He raised his *left* hand feebly to prevent his head being examined. The pulse of the left arm was slow and weak, whilst the right was rather full. An hour after admission the pulse remained the same, and the hemiplegia of the right side continued. No irritation applied to the surface of that side could provoke motion in the affected part or in any other. On tickling the soles of the affected foot a development of automatic motion was observed; the patient drew up his leg to the body. The same irritation applied to the right hand produced no corresponding motions in the paralysed arm. On tickling the soles of the feet, the irides freely dilated, although the stimulus of light produced a contrary effect. Two hours after his reception in the ward vomiting occurred, and various matters, containing spirits and coffee, were thrown up from the stomach. After this the slight stertor in his breathing ceased. On exposing the surface to the air sensation of the arm and leg returned, and after a time motion also. He folded his arms, turned on the right side, and drew up the lower extremities, as if experiencing the effects of cold. The pulse was now 78, small and weak, and after having his head shaved, he

remained in a state of stupor until the next morning.

16. The pulse rose to 87, and on moving he had repeated discharges of blood from the right ear. He was bled to *ten* ounces. A spirit lotion to be applied to the surface of the head, and a dose of pills containing four grains of *chloride of quicksilver*, and six grains of *compound extract of colocynth*, to be administered. A dose of strong aperient mixture to be exhibited every two hours. By this means he was copiously purged. He became sensible for short intervals; he recognised his wife, and answered questions coherently when roused. His replies were couched in low tones. During the whole of this day, when left alone, he remained in a lethargic state. He was allowed nothing but toast and water.

On the 17th the pulse exhibited signs of great prostration, but he was intelligent enough to complain of excessive pain at the back of the head. A blister was therefore applied to the nape of his neck, and the spirit lotion assiduously applied all over the head. Up to this time the urine and fæces have passed away involuntarily.

18. The bowels have become confined, and the pulse has become quick and frequent. A turpentine injection was consequently thrown up, and the following mixture prescribed:—

Take of—*Solution of acetate of ammonia*, an ounce and a half;
Wine of tartar emetic, half an ounce;
Camphor julep, five ounces and a half. An ounce to be taken three times a day.

In the evening of this day, the bowels having been well cleared out by the turpentine enema, the febrile state of the patient was allayed.

19. He has been delirious at intervals to-day, and during the night; but he is occasionally perfectly rational. Four grains of *chloride of mercury* administered.

20. On his complaining of pain in the ear a poultice has been applied, which afforded much relief. The saline medicine was discontinued in consequence of sickness supervening. The spirit lotion was continued. The bowels acted well, and the pulse was regular. The delirium still continued to return at short intervals.

21, 22, 23, and 24. He has continued nearly in the same condition, but, if anything were changed, the delirium was rather more urgent. He took four grains of calomel every other night, which had the effect of lowering the circulation, and loosening the bowels, but without exciting ptyalism.

25. He has been violently delirious; the straitwaistcoat was put on him. He was not at all cognisant of the true nature of surrounding objects. The blister has been repeated to the nape of the neck, and is kept open with savine cerate; the bowels were kept open by common aperient medicine.

26. The ear has been continually poulticed, and discharged blood and *sanies*.

Feb. 1. He has continued much the same since the last notation. He is rather more intelligent to-day. He breathes with more freedom, and relapses but rarely into delirium, which is very transient.

4. He is much improved. He is at times able to converse rationally. He is allowed a boiled rice pudding.

From this date the patient slowly recovered without the intervention of a single bad symptom. His diet was progressively augmented in quantity; his muscular strength and *embonpoint* were slowly restored. From the moment, however, that he recovered the use of his reason, he became remarkably irascible, and vented his reproaches upon all who had treated him with kindness. Mr. Archer, the house-surgeon, whose attention to him had been most assiduous, and his own wife, whose vigils had been unceasing, were involved in his indiscriminate vituperation.

On the 19th of February he was discharged cured, quite recovered in the opinion of all his friends; but the wife either perceives or imagines that the unfortunate event has brought over his spirit "a strange eccentricity of manner."

Mr. Thomson, after relating the foregoing particulars, stated that no class of injuries which required the agency of the surgeon were of such absorbing interest as the effects of mechanical violence upon the cranium and its contents. The nature, symptoms, and consequences of these injuries formed a study worthy to exercise the best faculties of the mind. Whether we regarded the frequent occurrence of this class of surgical evils, the obscurity of the symptoms which accompanied them, or the importance of the results as regards not merely the life of the patient, but his subsequent mental condition, the conviction thrusts itself on the mind, that no ordinary degree of acuteness and industry were required in mastering the array of facts and principles which constitute the media of successful treatment.

Surgeons, Mr. Thomson said, had divided mechanical injuries of the head into two classes, designated "those attended with concussion," and "those attended with compression of the brain." This classification he considered as sufficiently correct for practical purposes, although an accurate delineation of these cases would show the existence of a variation of symptoms even in in the comparatively most simple cases, whilst great complexity occasionally occurred from the concurrence of the two injuries. To diagnosticate was, of course, the first business of a surgeon; for a correct

diagnosis was the only sure basis of successful treatment.

In concussion of the brain, Mr. Thomson said, there existed perfect loss of intelligence, suspension of all sensation and voluntary motion, and diminution of the energy of the automatic motions. The countenance is perfectly devoid of expression, the face motionless when excited, the irides more or less expanded, and scarcely susceptible to the stimulus of light; the breathing very low and quiet, the pulse fluttering and feeble. The temperature of the surface was diminished, especially that of the extremities. Mr. Abernethy had divided concussion into three stages, but this was of questionable utility as regards the purpose of diagnosis. The most important symptoms were those which occurred directly after receipt of the injury; and a knowledge of these, combined with an acquaintance with the circumstances of the accident, was quite sufficient to enable the surgeon to distinguish this kind of injury from any other.

The symptoms of compression were clearly distinguishable from those of concussion. In the former case there is general insensibility, which may arise, at first, from the concussion which accompanied the infliction of the injury, but afterwards from the pressure of extravasated fluid, or of a depressed portion of bone. The eyes were half open, the pupils dilated and motionless, and the retina consequently insensible; the breathing stertorous; the pulse slow and laborious, and less subject to intermission than in concussion; the stomach sometimes, though rarely, rejected its contents, but this was very rare. Paralysis was not an infrequent occurrence in compression of the brain, and might, in every instance, be considered a sign that the injury is situated in the opposite hemisphere of the cerebrum or cerebellum. "But the cautious surgeon," said Mr. Thomson, "will not form his diagnosis from a consideration of one or two symptoms, but will make a careful deduction from the entire assemblage of symptoms. In this way he will ascertain the character of the enemy he has to contend with, and he will consequently be enabled to ground his measures of treatment upon a full knowledge of the case."

The first measure to be adopted (he continued) was to shave the head of the patient, as this was an indispensable measure as well in ascertaining the condition of the cranium as in subsequently applying various remedies. The early performance of this duty was important, as the subsequent aggravation of symptoms might make it impracticable.

Infinite mischief (he said) had been done in injuries of the head by the hasty and inconsiderate use of phlebotomy; when the patient was collapsed, and presenting the symptoms already described, he should be kept perfectly quiet. In two or three hours the heat of the surface would gradually increase, and reaction would ordinarily be set up, which it required great judgment and forbearance, on the part of the surgeon, to regulate so as best to contribute to the welfare of the patient. If symptoms of reaction did not occur in a few hours, then it would be prudent to use a regulated series of stimuli. Emetics were occasionally used beneficially, but their use required great circumspection, since if there existed lesion of the encephalon, mischief might accrue.

It was the duty of the surgeon to watch for, and, if possible, prevent excess of reaction; and the means proper for this purpose were strict abstinence from food, venesection, purgatives, and saline febrifuges. Turpentine lavements he had always found to be most efficient remedies in removing the febrile excitement attendant upon cephalic injuries; this remedy had been particularly effectual in the case just related.

The most decided effects resulted from the use of mercury in the symptomatic affections consequent upon injuries of the head. This medicine should be administered in alterative doses, but not in sufficient quantities to produce ptyalism; it was sufficient that it affected the secretion of the bile. Thus administered, it acted as a safe sedative.

He had said there were several points in the present case which were worthy of especial remark. The temporary paralysis of the sphincter ani and sphincter vesicæ indicated a lesion of the automatic movements, and proved that the whole "cerebro-spinal axis" was involved in the effects of the concussion. The transient hemiplegia of the right side would lead to the conclusion that some effusion had taken place on the surface of the left hemisphere, probably at the base. During the first two or three weeks, the patient observed the most anxious caution in moving his head. He would place a hand on each side of the head whenever he attempted to rotate it on the spine. As he convalesced, however, this caution was gradually abandoned. This imperfect motion of the head was probably due, in part, to pressure on the nerves supplying those muscles, and in part to an instinctive sense of insecurity possessed by the patient. It was remarkable, also, that the motor power of the lower jaw was suspended for some days.

But the circumstance which Mr. Thomson considered most worthy of remark was the singular irascibility which affected the patient after the restoration of his rational faculties. This Mr. Thomson was induced to ascribe to slight pressure made on the surface of the encephalon by congestion of the pia mater. The amount of pressure was inadequate to produce comatose symptoms; but it was sufficient to disorder the sensi-

bility to such an extent as occasionally to produce the appearance of insanity. This irritation Mr. Thomson had observed several times, and he had recently witnessed a case in which it was well marked. A respectable farmer, in Essex, was affected with rheumatism. The medical attendant very properly prescribed a vapour-bath; the use of this remedy was of necessity, in some degree, left to the patient's own discretion. He remained in the bath too long on one occasion, and experienced a most severe headach after coming out, which haunted him for some days; at the same time he became excessively irascible; he would hold no terms with his best friends, or the members of his own family, and, if not restrained, would have been guilty of the most extravagant actions. In both these cases Mr. Thomson considered the cause of the evil to be an excessive circulation in the meninges of the brain. In both cases turpentine injections, and repeated doses of calomel, were of signal service. His (Mr. T.'s) colleague, Mr. Lynn, had condemned the use of mercury in affections of the brain, and he (Mr. Thomson) avowed his concurrence with Mr. Lynn as far as the *excessive* use of mercury was concerned. He did not mean to say that mercury should be used so freely as it was in iritis; but still he was firmly of opinion that in contending against these maladies small doses of this mineral formed one of the most efficient weapons in the medical arsenal of the surgeon.

Recurring to the diagnosis of injuries of the head, Mr. Thomson stated that the "puffiness" of the scalp which had formerly been considered as an index of the separation, by effusion, of the dura mater from the inner table of the skull, was now discarded as a matter of no importance. The self-denying treatment of the present day did not imply a constant recourse to the trephine as in the times of Percival Pott, when nine cases out of ten were subjected to the mechanico-chirurgical process of trepanning. It was a fact honourable to the contemporaries of Pott on the Continent, that this constant use of the trephine was deprecated by them, and that their treatment of injuries of the head was more in accordance with the enlightened principles since established in this country by the Hunters.

Mr. Thomson concluded his observations by stating, that his experience went to corroborate the principle first asserted by Sir Astley Cooper in his admirable lectures, that the more extensive the wound of the scalp was, the less likely was the dura mater to be affected by any concurrent mischief; the greater the external suppuration was, the less was the chance of the occurrence of internal suppuration.

Mr. Thomson then announced, that on the ensuing Wednesday he would lecture on injuries of the spine.

CASE OF EPILEPSY,

WITH OBSERVATIONS,

BY WILLIAM FREDERICK BARLOW, ESQ.

(Communicated in a Letter to Dr. Marshall Hall.)

DEAR SIR:—This letter will state briefly the particulars of a case of epilepsy which has lately happened, and which, I am sure, cannot fail to interest you.

At 9, P.M., on the 1st of March, I was requested to attend Sarah Platt, 27 years of age, a person of very delicate constitution, who had been attacked, for the first time, with convulsions. A fit was just coming on when I saw her. She was lying insensible; there was grinding of the jaw, and a laryngeal sound exactly similar to the crowing inspiration of the croup-like convulsion. I had but just time to observe these symptoms, when the noise I am describing ceased, and a fit occurred; the countenance became suffused and darkened; the features distorted; the jaws locked firmly; the eyes directed upwards, and rolled from side to side; the muscles of the limbs spasmodically affected; some froth issued from the mouth, and, being tinged slightly with blood, led me to infer that the tongue had been bitten; the pupils were dilated and incontractile at the near approach of a light. The countenance returned to its natural colour, and the iris to its mobility, as soon as the convulsion terminated; respiration was properly performed; the pulse was normal in the nature and frequency of its beats, but the face was still inexpressive, and the mind dead to impressions. After a short pause another fit ensued, ushered in like the previous by the crowing inspiration, the grinding of the jaw, and an alternate motion of the eyes inwards and outwards, which the closed eyelids but incompletely veiled.

In the temporary absence of the convulsions I inquired carefully into the state of the circulation; there was no fulness or acceleration of the pulse; no evidence of plethora, and nothing which indicated depletion as a rational or hopeful measure; moreover, the frame was weakly, and I considered that harm, rather than benefit, was most likely to follow its adoption. I dashed cold water in the face, knowing this to be beneficial in convulsive affections of an epileptic kind, but I did not find it of advantage here; but, on the contrary, was of opinion that it induced the fits more quickly; so I desisted from applying it. I could suggest no means likely to avail her, no treatment which could be of service during the attack; but I did not regard the symptoms as denotive of more danger than those I have before witnessed in epilepsy, and which have subsided without any ill con-

sequence to the patient resulting from the fit. She had had several convulsions when I left her, and, as she was exposed to their re-occurrence, I desired that she might be unremittingly watched.

I confess myself to have been unapprehensive that the attack would end fatally, for, notwithstanding epilepsy is apparently so perilous, and the train of symptoms which it induces frightful, death so seldom happens during the convulsions, and so very rarely in the first attack, that the possibility, not the probability, of danger, was present to my mind. In the morning I was informed of her death. It appeared that the convulsions were renewed, that one succeeded to another until they amounted to *eighty*, and that she expired in the last as if suffocated. Her attendants had been so used to witness epilepsy, that they were not alarmed enough to send again for advice. Life terminated at nine in the morning, just twelve hours after the commencement of the attack.

An inspection was obtained. There were two classes of morbid appearances to be sought after,—those which caused the epilepsy, and those which were occasioned by it. With regard to the former, the brain and its membranes were minutely examined, but no morbid appearance was discovered. The veins on the surface of the organ were somewhat distended, but this must rather be looked upon as a consequence than a cause of the disease, the patient having died asphyxiated. Only one thing was detected which could in any way be considered as the excitor of the epilepsy. On examining the stomach some small, dark-coloured, gritty particles, spread over a large portion of its lining membrane, were discovered. There was a great deal of mucus observable, but no unhealthy appearance of the viscus. The particles were, on inquiry, found to be coffee-grounds, which the deceased (as her mistress related) was very fond of eating. Might not these have originated the epilepsy? Do not convulsions frequently arise from causes as seemingly trivial as this? The spinal marrow was not examined; but, even supposing that some organic lesion had been detected—some affection of a chronic character—these might still have been regarded as the exciting cause.

As to the changes which were presented as consequences of the affection, they were such as are obvious in persons who have died from asphyxia. The exterior of the body was here and there covered with a number of livid patches, not only on its posterior half, where they might be attributed to the gravitation of the blood, but its anterior part also, particularly on the face, neck, and chest.

The lungs, right cavities of the heart, and the vessels in connection with them, were full of blood. No coagula were seen. The congestion of the lungs was general and excessive throughout, some spots excepted, which were the seats of tubercles.

The ovaries and fallopian tubes were deeply coloured by the distention of their vessels; during life they must have been turgid with blood. Did this result from the epilepsy?

On reviewing the details of this case, the question at once suggests itself,—Could anything have prevented its destructive termination? Would bloodletting have been serviceable? I could perceive no indication for it; it might have added to the exhaustion, but I cannot suppose it would have ended the convulsions, for there is reason to view them as the production, not of congestion or inflammation, but of irritation—of irritation occurring in an enfeebled frame.

If there was any remedy to be trusted to, it must surely have been such an one as would have acted as a preventive of asphyxia, by which death was caused; one which would have made an artificial entry to the respiratory organs when the natural passage was occluded. It was in the closure of the glottis that the danger consisted, and where could we have found a remedy armed with the means of affording safety, unless we had relied on tracheotomy? I cannot but regret that I did not see the patient a second time,—at a period when the convulsions, from their long duration, must have given much reason for alarm,—as I might have been led to the performance of this operation, which would, I imagine, have averted death.

In your lecture on epilepsy you advise a recourse to this measure if the "stupor occasioned by it exist in a dangerous degree." It may also be required in the event of a long continuance of the attack, as a protection from the dangers attendant on the convulsions themselves. No rule can be laid down as to the exact circumstances which may demand and justify the operation. That it may become necessary is certain, but when and where the judgment must decide. It may be the means of saving life in an emergency, when a resort to other measures would be idle and hopeless, and its value should be borne in mind as a last resource against the hazard which may possibly accompany this terrible affection.

To assist you in impressing upon your readers the opinion which you entertain respecting the necessity which might arise for the performance of tracheotomy in epilepsy, I have communicated to you an instance of that affection, the result of which convincingly assures us that it may be urgently demanded. Believe me, dear Sir, yours most faithfully,

W. FREDERICK BARLOW.

Dr. Marshall Hall.

April 2, 1839.

ULCERATION OF THE BRAIN.

To the Editor of THE LANCET.

SIR:—Ulceration of the cerebral surface is a disease of which there are few well authenticated accounts. Several of the cases which have been described under this head possess few of the characters pathognomonic of the affection; and this fallacy, according to the opinion of one or two distinguished authors, appears to have arisen from the fact that the narrators of such cases have regarded some specimens of ramollisement, and the disorganisation frequently consequent upon it, as examples of genuine ulceration. Whether or not it be admitted that softening and ulceration of the brain are both the result of the same primary agency upon the organ, it appears, I think, perfectly certain that the true ulcer of the brain presents characters as entirely distinctive, and as easily recognised, as the same lesion on the cutaneous surface. One instance only of this nature has been experienced by Dr. Abercrombie; a few have been detailed by others of our countrymen, and by foreign pathologists. A case of the kind, which I beg to submit to your notice, occurred recently in this town; for the history of which I am indebted to my friend Mr. Tomlinson, and for the opportunity of assisting at the examination post mortem.

CASE.—Daniel Prior, aged 15, thrown from a horse, Jan. 17. On being visited two hours after the accident, was found to have received an extensive lacerated wound of the scalp, across the right parietal surface, by which the bone was denuded to a great extent. Considerable hæmorrhage from the wound took place, amounting to more than a pint in quantity. He retained perfect possession of his senses, and complained little of his head, but referred his sufferings to his elbow-joint, which appeared to have received a violent contusion. On the fourth day after the injury he was able to come down stairs, and exercise himself in the open air; by this period a great part of the wound had healed by the first intention. For three weeks everything went on favourably, and the boy appeared to be the subject of little or no ailment. About the commencement of the fourth week symptoms of constitutional irritation began to manifest themselves; the pulse became quick, and the discharge assumed, for the first time, an unhealthy character; this condition continued, without much alteration, for six days, during which time he complained of pain of head.

Feb. 16th he became comatose, in which state he continued until his death, which took place the following day.

Sectio capitis.—The wound of the head had an unhealthy aspect. Around the denuded portion of bone, between the scalp and periosteum, was an accumulation of pus, of a very offensive character; a small piece of the bone was carious, and exhibited some dark-coloured lamellæ when broken up by the handle of the scalpel; this condition did not extend through the external table. On raising the calvarium two or three drachms of fœtid pus escaped. The dura mater and subjacent membranes of the right hemisphere were completely eroded in two places, one about the size of a shilling, situated immediately posterior to the Sylvian fissure, the other of smaller dimensions, nearer the occipital region; the ulcers extended about three lines into the substance of the brain; their bases were hard, their edges ragged, and coated with yellowish matter; the texture of the cerebral mass around the ulcers was apparently normal; a great quantity of lymph and pus was effused over the anterior lobe beneath the arachnoid membrane. The pia mater was highly injected, and the vessels of the convolutions and the sinuses were much distended with blood. The whole of the left hemisphere was very vascular; the corpus callosum, septum, and fornix, were in an advanced stage of softening; an excavation, the size of a pigeon's egg, was discovered in the posterior lobe, filled with fœtid matter. The appearance of the cerebellum, left hemisphere, and ventricles, was natural. The thoracic and abdominal cavities were not examined.

This case is very interesting, as illustrative of the ambiguity which so frequently invests diseases of the encephalon. Every tissue here appeared to be the seat of some morbid action. The membranes bore evidence of acute and extensive inflammation. The cortical substance was, in two places, eroded to some depth; and the internal parts of the brain exhibited that alteration of structure most usually considered to be the result of inflammatory action; but until within twenty-four hours of death, there was scarcely a symptom diagnostic of any of these lesions. Up to this period the patient retained perfect possession of all his faculties, mental and physical; there was no delirium, paralysis, convulsion, or contraction of the limbs, which has been regarded by some French pathologists as indicative of cerebral ramollisement. These, with most of the conditions symptomatic of cerebral and meningeal inflammation, were altogether absent. Dr. Abercrombie, in his valuable treatise, has detailed some cases similar in this particular, and represents "the danger of being guided by system in our diagnosis of affections of the brain, and the necessity there still is for extensive and careful observation of facts in regard to this class of diseases." I am, Sir, your obedient servant,

GEORGE P. MAY, M.D.

Maldon, April 2, 1839.

PRODUCTS OF COMBUSTION. ACTION OF CARBONIC ACID.

To the Editor of THE LANCET.

SIR:—Having read your brief notice of Dr. Golding Bird's paper "On the Action of Carbonic Acid," and vainly expected a report of some discussion upon the subject in your last week's Number, I cannot but express a selfish regret that public societies, embodying men of first-rate attainments, capable of effecting immense good, if energetically devoted to single objects, are too prone to suffer important topics to escape that rigid investigation which is so essential to the accumulation of established facts and indisputable "constants." It is sad to the independent cultivator of science, exempt from every species of bigotry, and ardent in the search for truth, to witness members of various societies rivalling the industrious bees in flying rapidly from flower to flower, but neglecting to exhaust to the uttermost each flower of its sweets, and to store the rich treasure of honey for their mutual benefit,—"Sic vos non vobis mellificatis apes!"

With this prelude may I again refer your readers to a subject which, although discussed again and again, is still unsettled; and, although teased, torn, and worried, still remains unexhausted,—I mean *to the effects of mixtures of carbonic acid gas, oxygen, and nitrogen*, and to those produced *by the combustion of charcoal*.

As it has been very satisfactorily demonstrated by Messrs. Allen and Pepys (*vide* "Phil. Transactions of the Royal Society," for the year 1809), that a human being cannot exist in an atmosphere containing 10 per cent. of carbonic acid gas, which atmosphere will be constituted as follows, viz.:—

	Cubic feet.		
Carbonic acid gas 10	15.65	or	31.3
Oxygen 10	15.65	or	31.3
Nitrogen 80	125.20		250.4
100	156.5		313.

And as it is also known that every pound of *pure* charcoal will, during its combustion, abstract the oxygen from 156.5 cubic feet of atmospheric air, and leave—

	Cubic feet.
Carbonic acid	31.3
Nitrogen	125.2
	156.5

It follows, that the combustion of a pound of charcoal will render 313 cubic feet of atmospheric air totally destructive to human existence, and composed as follows, viz.:—

	Cubic feet.
Carbonic acid gas	31.3
Oxygen.....	31.3
Nitrogen	250.4
	313.

Here, then, is one limit for the solution of the first important problem, viz., the effects of simple mixtures of carbonic acid gas, oxygen, and nitrogen, upon human beings, beyond which it must be useless to refer. But as the combination of charcoal evolves many emanations of a compound character, some of which I believe to be too subtle to be detected in any manner but by their invisible agency, another problem will necessarily follow for the elucidation of this latter subject.

It appears, then, that the first problem, viz., in what proportions carbonic acid gas, oxygen, and nitrogen, can be safely inspired for a continuous period of some duration, should be satisfactorily solved, before we can confidently approach the more intricate investigation. The maximum innocuous limits of the most injurious gases, viz., of the carbonic acid, and of the nitrogen, having been ascertained both separately and together, and demonstrated beyond the possibility of doubt, we can, without much difficulty, influence the combustion of charcoal in such a manner that a similarly proportioned mixture of the gases above mentioned shall be effected; and of course no injurious results should ensue unless from some other cause than from the carbonic acid. Thus, the opinion I have so obstinately adduced may be tested, even although the destructive agent in question may evade detection.

If I am not mistaken, Dr. G. Bird still maintains that the evil results which ensue from the slow combustion of charcoal are solely attributable to the carbonic acid gas, which (with the exception of carburetted hydrogen) he states to be the sole product of the combustion. These conclusions I at once dispute, having never yet been able to procure any charcoal, how carefully soever it may have been prepared, that did not yield when burnt in a Joyce's stove,—

1. Aqueous vapour;
2. Nitrogen;
3. Carbonic acid gas;
4. Carbonate of ammonia;
5. Hydrochlorate of ammonia;
6. Sulphate of ammonia;
7. A volatile oil.

And I feel perfectly conscious of the existence of some other product which "eludes the grasp."

The relative proportions of the hydrochlorate of ammonia to the sulphate of ammonia, are as 100 : 17.8, and of the elements chlorine to sulphur, as 100 : 6.47.

I offer Raspail's objections to Liebig's method of analysing organic substances, which I conceive to be quite sufficient to demonstrate inevitable fallacies in all the results. Could not a committee of medical chemists determine a course of experiments on this mysteriously interesting subject, and, abandoning all prejudices, fully and fairly unravel its nature? The sanction of such a powerful authority would be infinitely more satisfactory to your readers and to the public, than the solitary investigations of a rustic amateur. Yours very truly,

CHAS. T. COATHUPE.

Wraxall, near Bristol,
April 1, 1839.

ORIGIN OF HYDROPHOBIA.

To the Editor of THE LANCET.

SIR:—I have just purchased Dr. Klein Grant's new and improved edition of Hooper's "Medical Dictionary," and having naturally turned to the article "Hydrophobia," I, with some little surprise, read as follows:—"Of the cause of this peculiar distemper in dogs, nothing certain is known; that it originates *spontaneously* in them is now the general opinion."

Permit me to ask this gentleman on what ground he rests this assertion? Does he refer to veterinary practitioners, who may be supposed to have the fairest chance of arriving at the truth respecting their own patients? Nineteen out of twenty will tell him, that "the cause of this peculiar distemper in dogs is known; that it never originates *spontaneously* in the dog; but is propogated from one to another by the bite." I am aware that there are a few who maintain a contrary opinion, but I am speaking of the overwhelming majority of practitioners.

Does he refer to the practitioners of human medicine? I must, in this case, remind him that in the year 1831, a Committee of the House of Commons inquired into the subject of rabies. To six of the medical gentlemen who were examined, this very question was put:—"Do you believe that rabies originates spontaneously in the dog?" "No," was the unhesitating reply of three of them,—Drs. Babington and A. T. Thomson, and Mr. Earle. Mr. Morgan stated that it was the preponderance of his opinion that rabies was a disease to be communicated solely by the bite of another animal previously rabid." Sir Benjamin Brodie said, that "he had not been able to make up his mind, whether the disease does or does not, ever arise spontaneously." Mr. Frankum alone professed his belief in its spontaneous origin.

It seems that it was not then, "the general opinion" that rabies "originates spontaneously" in the dog. What has caused the sudden change of opinion in medical men; or has any change really taken place? Where, and by whom, has it been expressed?

Against some previous sentences in Dr. Grant's account of hydrophobia I must respectfully enter my protest. This disease has been communicated by herbivorous and omnivorous animals; and, if the account of Magendie and Breschet is to be depended upon, by the human being. This subject is somewhat fully discussed in the "Veterinarian" for June 1838. I must confess it to be my firm opinion, that every animal, capable of being infected by the rabid virus, can propagate the disease. Yours obediently,

W. YOUATT, V.S.

Adam's-terrace, Camden-town,
April 1, 1839.

PRESERVATION OF DEAD BODIES.

To the Editor of THE LANCET.

SIR:—A year or two ago various notices appeared in several of our British Journals, both literary and medical, of the process discovered by Signor Girolamo Legato, a Florentine gentleman, for preserving, in an extraordinary degree of perfection, the human body, and all objects of natural history. By some the whole discovery was treated as a fable; by others, who had seen the preparations, accounts so extraordinary were promulgated, that the ever-cautious scientific bodies of this country received them with distrust. This incredulity was greatly strengthened by a pamphlet, written about 1835, by the Advocate Pellegrini, a friend of Legato's, and of which several copies found their way into Britain. Nothing could have been more calculated to injure the discoverer than this publication, couched in the most high-flown language, and containing statements often directly at variance with the laws of science. I have not, at present, the opportunity of consulting the various accounts above alluded to, nor is it necessary to do so, as I here wish to relate only the results of my own observation of the specimens, without trusting to the accounts of others. On visiting Florence, in May, 1838, I immediately inquired for the cabinet of Legato, he himself having died nearly two years before. It was with considerable difficulty that I obtained permission, through the kindness of Professor Betti, to inspect the preparations, as they are not now shown to every visitor. Signor Fumigalli, in whose house they are at present preserved, allowed me to handle and examine each specimen at my leisure, and most courteously assisted me with all the information in his power. The following is

an extract from the observations I then committed to paper, May 5th, 1838 :—

"It is stated in the pamphlet of the Advocate Pellegrini, which I read two years ago in Edinburgh, that the objects prepared by Legato possessed the hardness of stone, with the flexibility of the living fibre. They do *not*; but their general hardness is akin to that of mahogany (I mean of the preparations of internal organs), while the integuments of the hands, feet, &c., feel as if a tight cover of parchment, or white leather, had been drawn over the horny, yet still pretty flexible, muscles and tendons. Most of the preparations *can* be indented by the nail, but require considerable force to be exerted before you can leave any mark upon them, though any iron instrument would scratch them as easily as it would rosewood or mahogany.

The foot of a young woman was the first object shown to me; it was of a dead-whitish colour, like that of a corpse, and the skin felt as if half tanned, and adhered very closely to the subcutaneous tissues. There was not here the plumpness of life; but it was not much more shrunk than is the foot of a person who has died of a lingering disease. The muscular parts of the plantar surface of the foot appeared shrunk in proportion to the rest of the tissues, though as very little fat appeared at the point of amputation, I suspect the subject had been an emaciated one. The foot had been severed about an inch above the ankle-joint, where little muscular substance is found; but what I saw was of a light yellowish-brown colour, and had the feel and consistence of horn. The toes of this foot were flexible to a very considerable degree. Of two hands the colour of the skin was considerably darker, approaching to a light-brown; but all the fingers were flexible, though somewhat stiff. About the foot I thought I could still perceive a very faint smell of fat; but the hands were perfectly inodorous. In the same drawer was the head of a fœtus of about eight months, which was, indeed, curious, as the process of putrefaction, which had commenced, had been completely and suddenly arrested. Here the colours were well preserved, the greenish hue of incipient decay, being very apparent, the skin nearly of the natural colour, and the whole hard and firm, nor much less plump than in life. I found it very difficult to imprint any mark with my nail upon this head; the soft down on the scalp was perfect. In the same drawer was a portion of liver, hardened and polished on one side; this did not please me, its colour was so dark that but for the form I could not have recognised it, nor could I perceive any traces of acini, or veins. It could be indented by the nail, and was much lighter than a similar portion of fresh liver, being little heavier than a portion dried by exposure to the air, although it differed from this, in being little, or not at all, diminished in size. In a flat piece of wood were several inlaid and polished portions of various organs and tissues of the human body. I may particularly instance two large round portions of the placenta, wherein the red blood-vessels, running in every direction in the yellowish surrounding tissue, resembled, very closely, some of the varieties of serpentine. In another square of wood, were inlaid two portions of the kidney, cut and polished, and beside them two pieces of polished box-wood. The latter I could easily indent with my nail; the former received no impression whatsoever from all the force I could exert. Perhaps the greatest curiosity was a little tablet, about a foot and a half square; portions of the human body, to the extent of about 80 different pieces, are here inlaid in small cubes. Nothing can be more beautiful than the polished slices of hardened cuticle from the soles of the feet; they are extremely hard, yellowish, and transparent, like the yellow sulphate of lime from Volterra. Portions of the kidneys, tonsils, lungs, &c., exhibited their natural hue, and could be instantly recognised by any one at all conversant with their structure. In a glass case is the thorax of a young girl of 17; the plumpness of the mammæ is here admirably preserved; but though I do not suspect Legato of any deceit, I should have wished to have examined it more closely, ere I would assert that the parietes of the thorax were perfectly entire. The appearance of the skin, in this case, raised a suspicion in my mind, for it exactly resembled white leather, having all the glistening appearance of tanned sheepskin. I speak cautiously of this specimen as I could not handle it, and the edges were entirely concealed by drapery.

"By far the most satisfactory part of Legato's preparations are the perserved fishes, reptiles, and insects; these far exceeded my most sanguine expectations. Some lizards and small serpents are hard as horn, very light, and every scale, every proportion, and their colour, are perfectly preserved. A few birds, among the rest a canary bird and a chaffinch, have been subjected to this process. Though less resembling life than the birds stuffed by Waterton, or our best London preservers, their bodies are pretty plump, and perfectly hard and compact; but the moths, which abound in the case where they lie, have made sad havoc with their feathers. The canary bird, as we are told by Pellegrini, and as I was also assured by Signor Fumigalli, was placed under water for two months during the life-time of Legato, and, at the end of that period, taken out unchanged. The destroying moth could not evidently advance farther than the feathers; nor could they injure any insects that had been sub-

jected to the preservative process; for while numerous other unprepared ones in the same case had been nearly, or totally ruined, those prepared, though some were of the tenderest description, had escaped uninjured. Here were also numerous dissections of frogs, toads, and fish. A perpendicular section of a perch was very remarkable, as the colours and proportions of the parts had been most completely preserved. It appeared to me that this specimen had been *varnished*, but certainly it had not been painted. A portion of the brain of a child was extremely hard, but of a light hair-brown colour, somewhat greasy to the touch, and by no means free from animal odour. Signor Fumigalli showed me one of the fish which, he said, was "not completely *salicified* through," and stated that several of Legato's earlier preparations had had the same defect. The parts farthest remote from the circumference were certainly, in this instance, much softer than the internal ones, though, at the same time, they did not appear shrunk."

Such are the results of my examination of these specimens, and I have copied them exactly from the notes taken on the day of the visit. I hope that I have shown that the accounts of some previous writers, though exaggerated, were by no means altogether unworthy of credit. From a personal friend of Legato I received a few particulars concerning him, which may not be without interest to some of the readers of THE LANCET.

Legato was, unfortunately, obnoxious to the Government of Tuscany, on account of his extreme liberal opinions. He, on one occasion, presented a petition to the Grand Duke to be allowed to preserve the entire body of a child of 11 or 12 years of age, and prayed, that should any such die in the hospital unclaimed, it might be given over to him. The petition was referred by the Grand Duke, who really admired, but dared not openly favour him, to a committee, and here the malice of his enemies prevailed, and the humble request was denied. Too poor to purchase, even in Florence, where a body costs but a few francs, Legato was obliged to content himself with what his friends could supply, and was never able to make trial of his process on a grand scale. But this would have been of but small moment; time would have done justice to his merits, had not, through his childish selfishness or timidity, his secret gone with him to the grave. So fearful was he lest it might be discovered, that he never would commit the slightest hint of it to paper, though repeatedly entreated to do so by his friends. They earnestly begged him, at least, to leave it in his will, which would remain sealed till after his death; but, with a childish obstinacy, he constantly refused. On his death-bed, Mr. Sloane, my informant, and others of his friends, renewed their solicitations, and at length, convinced that he could not survive, he appointed the next morning to reveal to them his process. The morning came; they repaired to his house; Legato was speechless, and died in the course of the day. His collections have been carefully preserved; and, as a commission has been named by the Government to treat for the purchase of them, it is to be hoped that, ere long, they will be freely opened to scientific investigation and analysis, by which alone we can now hope to obtain a hint of the mode of preserving objects so perishable. But, should this method be entirely lost, I trust that this account of the specimens preserved by it, will prove that it is a misfortune to be deeply regretted by the scientific world. Yours, &c.

EDWARD CHARLTON, M.D.
17, Gloucester-street, Queen-square,
March 26, 1829.

MALARIA IN IRELAND.

To the Editor of THE LANCET.

SIR:—I was not a little surprised that the interesting subject of malaria, so long and so ably discussed at the Westminster Medical Society, should come to a conclusion without once referring to Ireland and its extensive bogs. If decomposed vegetable matter, as it is usually supposed, be the cause of malaria, surely it is there we must look for it in the greatest abundance. But what is the fact? Why, that intermittent fevers are almost, if not wholly, unknown there. I allude most particularly to the bog of Allen. It must be admitted that the Irish peasantry are constantly exposed to miasma (if such existed), for they are obliged, for the sake of fuel, to live as near as possible to these bogs; and, indeed, in many instances, huts are built in the midst of them. Notwithstanding all such predisposing causes, ague is rarely, if ever, known there. One strong proof of its non-existence is, that it is almost a proverb with the poor people who come over to England during harvest time, that they are sure to get the ague before they return. Still, *typhus fever, in its severest form, is not an uncommon occurrence.* So much for Ireland. Now for Wales; or, rather, the small town of Towyn, in Merionethshire, containing about 500 inhabitants, where I believe I shall not be far wrong if I say a third of the inhabitants are annually attacked with ague. To all external appearances the ground upon which this town is built and the borders of the bog of Allen are alike; certainly, the turfs dug from each, as far as I am capable of judging, are identical. The fifteen years that I lived in Towyn I suffered from six attacks of ague, and those within the last ten years; since I left I never had the slightest symp-

tom of it. Here the first attack comes on, generally, about the age of five or six years, and, in spite of all treatment, continues, on an average, four months; during the three spring months the disease is by far the most prevalent; it rarely proves fatal. The first attack I had, I understand, lasted nine months; afterwards, three weeks or a month was the outside of its duration; and, in the majority of cases it got milder and milder every year, so that at last you got, as it were, acclimated, and, instead of an attack of ague, you merely felt a slight indisposition. *Here typhus, or, indeed, any continued fevers, are of very rare occurrence.*

Dr. Chowne, and many others, are of opinion that the causes of intermittent, remittent, and continued fevers, are identical; the above facts will, at all events, go some way towards dispelling such opinion. If you consider the above worthy of a place in your valuable Journal, I shall feel obliged by its early insertion. I remain, Sir, your humble servant,

J. Jones.

1, Dalston-terrace, Dalston,
March 20, 1839.

ACTS OF ADVERTISING DENTISTS.

To the Editor of The Lancet.

Sir:—Perhaps no species of empiricism has ever been carried to so great an extent with impunity as that practised at the present day by the advertising (self-styled) surgeon-dentists. With the most unblushing and shameless effrontery do these persons, through the medium of the public prints, profess to perform utter impossibilities. Yet, in no instance, upon inquiry, shall we find any of these pretenders to have studied, even for a single day, a profession which (at least for some years) requires the most undivided and severe application for its acquirement. In this statement I feel confident that I shall be borne out by those gentlemen who really form the scientific portion of the profession. I have been frequently astonished at the mischievous effects resulting from improper and unscientific operations upon the teeth, more particularly with regard to children, whose appearance is frequently much distorted, and in many instances utterly ruined by the uncalled-for extraction of an irregular permanent tooth; when, in nine cases out of ten, the opportune removal of its opposing temporary neighbour would give sufficient room for the permanent one to take its proper position.

A lamentable instance of the mischief which I am sorry to say but too frequently occurs from parents suffering themselves to be led away by the advertisements of ignorant pretenders, fell under my own observation about four years ago:—A lady in Waterford wished me to examine the front teeth in the lower jaw of her little daughter, eight years of age. I found the four temporary incisors quite loose,—the result of the usual process of absorption so beautifully provided by nature for their timely removal, in order to give sufficient space for the uninterrupted growth of their permanent successors. Provided this process were carried on with sufficient quickness and regularity, the dentist would have but little right to interfere or operate in any way upon the mouths of children who may be shedding their teeth; but it is not, and in many cases the extraction of the temporary teeth becomes a necessary operation.

In the case above alluded to the process of absorption had made but little progress when the four permanent incisores (in the under jaw) made their appearance immediately behind the temporary ones, and were *absolutely extracted* by an itinerant advertising *dentist*, who assured the parent of the unfortunate child that her daughter had a double row of teeth, and that he had frequently met with similar occurrences. This person at that time advertised as dentist to the *King of Holland*; he is now one of the leading advertising London dentists, and I believe in the receipt of a considerable income, though I need not say rejoicing in a very different name from the one he assumed four years ago. The consequences of such disgusting and disgraceful ignorance are sufficiently apparent; the loose temporary teeth, after a little time, dropped out, the permanent ones had been extracted; and the young lady will be under the necessity of remaining without four of her principal front teeth until she is of a sufficient age to have the deficiency supplied by mechanical ingenuity. The lady above alluded to had some excuse, she was not in the neighbourhood of any regular dentist; but surely in London no such excuse exists, and I would earnestly recommend no parent to consult a dentist upon so important a matter as the regulation of her children's teeth, without previously asking the advice of the family medical attendant. I have the honour to be, Mr. Editor, your obedient servant,

J. K. M.

March 28, 1839.

QUACK CURERS OF THE DEAF.

To the Editor of The Lancet.

Sir:—I beg to call the attention of your readers to a paragraphic advertisement which has appeared in most of the daily papers of this week, from Dr. Turnbull, who states that he can cure any case of deafness, not arising from organic disease, by the application of a peculiar remedy.

Supposing I grant, for the sake of dis-

cussion, that Dr. Turnbull can distinguish cases of deafness arising from organic disease from those of a different nature (to do which requires very considerable experience and observation, assisted by very careful ocular examination and manual dexterity), does Dr. Turnbull assert, that by means of his application he can cure deafness arising from chronic inflammation, with obstruction of the Eustachian tube, closure of the latter by enlarged tonsils, or by mucus, from inflammation of the mucous membrane of the cavity of the tympanum, or from a host of other causes? Dr. Turnbull asserts that he can, but to whom does he make the assertion? Not to the profession; he dares not do that; but he sends his advertisement to the public papers, for an enormous payment gets it inserted as a paragraph, according to a system disgraceful to the press and most baneful in its consequences, to the pursuit of which system the "Times," I believe, forms a honourable exception; by aid of the circulation of this puff, supposed by the public to contain the opinions of the editor of the paper they read, deaf people consult Dr. Turnbull; he makes his application, and takes his fee. But, Sir, almost every medical man must have heard of the most horrible effects sometimes produced by the application Dr. Turnbull uses; many have experienced the mortification of being consulted in cases where these effects were too apparent. It must be apparent that Dr. Turnbull has no greater knowledge upon the diseases of the ear, than the ignorants whom I have before exposed by means of your pages. The remedies of the former are capable certainly of doing more mischief and injury than those of the latter.

If men be anxious to benefit themselves by "relieving suffering humanity" in the way of curing deafness, why do not they devote care, time, and trouble to the *study* of diseases of the ear? By this means only can a man obtain information, and practising without that information must make a man appear, what he really is, a noxious hypocrite.

But as long as the public is as unwise as it now is, it is to be feared that there will be found Turnbulls, with applications; Cronins, Curtises, and hosts of others, with ear drops; Blairs, with gout drops; Hollowayes, with double universal ointments; St. John Longs, with killing frictions; and all of them will gain their end by getting a living.

The fact, that the organs of the circulation of information, viz., the newspapers, by their insertion of the recommendatory paragraphic advertisements, tend to mislead and cheat the public, ought to make every medical man doubly vigilant in warning the public,—his patients,—against the daily insidious attacks upon their health and happiness. I am, Sir, your obedient servant,

J. T.

April 5, 1839.

ATTEMPTED

PRACTICE OF MEDICINE BY A WESLEYAN MINISTER.

To the Editor of THE LANCET.

SIR:—We have, in this neighbourhood, a man who is playing the "empiric" in a manner which, with us, is unprecedented. He is acting a similar part in Todmorden, about five miles from this locality, and also at Halifax, a market-town about seven miles hence, under the mantle of "religion." He represents himself to have served an apprenticeship to a druggist in Newcastle, and having been called to the ministry by that respectable and influential body, the "Wesleyan Association;" he is, in addition, in the habit of visiting considerable numbers of the sick in the three places mentioned, and their adjacencies, many of whom are poor and unlettered persons, and, after exercising his ministerial functions, he uses his influence to induce them to accept at his hands prescriptions, directing them to a particular druggist's shop to be compounded; and this is done with a complete disregard both of the medical gentleman who may be in attendance, and in defiance of any opinion which may have been expressed on the cases by capable and prudent practitioners.

I will here briefly allude to one or two cases for which he undertook to prescribe. One is that of a poor girl, resident in this village, labouring under phthisis pulmonalis. Finding his prescriptions for her of no avail, he, about a month ago, paid her another visit. Her relations and friends stood around the bed, when this minister, Dr. Fawcett, exclaimed, "Ah, Rhode, I think you'll be in heaven to-morrow night." The girl is living yet, and, to the astonishment of the empiric, the disease is holding its insidious course according to the laws which the disease has obeyed from the time of Hippocrates to the present day. In the case of a gentleman in this neighbourhood, afflicted with asthma, he prescribed an electuary. The gentleman took one teaspoonful, and he informed me that he found it unsuitable for his case. A cart-driver was passing his house, who complained he had a cough; he gave the cart-driver the electuary, and the man swallowed the whole at one dose. In the case of a married woman, in the eighth month of pregnancy, in a highly nervous and irritable state, and afflicted with confirmed consumption, he prescribed a blistering plaster to the chest. However, she had sufficient discretion to decline adopting the remedy. A young

gentleman in this neighbourhood, being affected with dyspepsy, the learned Dr. Fawcett told me that he intended administering "ox-gall" to him, in half-drachm doses, three times a day. I remarked to him that in the present state of medicine we expected generally a reason to be given for the administration of a medicine. His reply was, "I like to try experiments." He boasts of having treated eighty cases recently, with uniform success.

Being one day in his company I thought it my duty to ask him some plain questions connected with medicine and the drugs, expecting him on the latter subject, certainly, to be a master. I said, "Mr. Fawcett, how is the brain affected in palsy? In that disease what is the pathological state of the brain?" He replied, "I do not know." "Supposing the right side of the brain to be affected in such a case, would the right or the left side of the body be paralysed?" His answer was, "I regret I have not had a medical education." "By what physical signs can the ergot of rye be known to be efficient as a medicine?" He replied, "It should be, in a complete state of health, white in its interior when broken." He did not believe that it was obtained in England. On another occasion he intimated to me he should wish to learn how to extract teeth and bleed, so complete was the ignorance of this medical "minister." He has been asked, I am informed, by what authority he undertakes the treatment of disease. His reply is, that "he is following the example of Jesus Christ." I am, Sir, yours, &c.

ROBERT HOWARD, Surgeon.

Heptonstall, near Halifax, Yorkshire,
March 29, 1839.

MECHANISM OF BLUSHING.

THE phenomenon of blushing is not the result of an *exciting* nor, strictly speaking, of a depressing emotion—but it is a compound of both: in other words, it is the product of a *mixed* emotion of the mind. The internal faculty *excites* an indescribable sensation, which causes the face, the external field of action, to *droop* or assume the aspect of depression. Compare the flush of *rage* with that of *shame*, and the appearance of the features in both instances, which, perhaps, may demonstrate more clearly what I have asserted. The colour is nearly the same in both cases; but, observe the striking difference in the countenances—the features of the one are strained to a point, whilst those of the other languish. In the former, the countenance, the "mirror of the soul," reflects the *true* image of the internal excitement; whereas in the latter, the external image, if we were to reason from analogy, is false.—*From Dr. Burgess's "Physiology of Blushing."*

THE LANCET.

London, Saturday, April 13, 1839.

THE number of troops in Newfoundland is so few that the facts would scarcely deserve notice if they did not illustrate the effects of drunkenness. Three companies of veterans lost 132 men in 12 years, and their strength having been equivalent to 3189 living one year, the mortality was 4.1 per cent. The annual mortality in a company of the Royal Artillery was 2.3 per cent. Half the veterans were between the ages 33—40, and the other half were above that age; which partly accounts for the high rate of mortality. But intemperance appears to have contributed not a little to the harvest of death; for, of 100 deaths, 10 were ascribed in the medical returns to suffocation from drinking, 15 to delirium tremens, and 15 to apoplexy, principally from intoxication. The young men drink spirits with a temporary impunity in Nova Scotia; but a repetition of the debasing excesses leads to premature age and fatal cerebral diseases. It is much to be regretted that the soldiers, thrown into those remote and gloomy settlements, far from society, have been left without any moral stimulants; without books, without a ray of science, without a hope of bettering their condition, or rising from the ranks, by any exertions that they may make.

The mean strength of the troops in Canada during the 20 years 1817-36, was 3214; the total deaths 1286; hence, the annual rate of mortality was nearly 2.0 per cent. The medical returns omitted 304 deaths; and it is assumed in the Report that 161 of the 3214 soldiers were constantly under the care of private practitioners. Of the 304 deaths omitted in the medical returns, 180 are accounted for; 122 were drowned, 13 committed suicide, 10 died by excessive drinking, 10 by apoplexy, two by lightning; one was suffocated by charcoal. A summary of the diseases will be found in Table A, at the end of this article.

TABLE *showing the principal Diseases amongst the Troops in Canada.*

	ADMISSIONS.		DEATHS.	
	Total among whole Force in 20 years.	Annual Ratio per 1000 of Mean Strength.	Total among whole Force in 20 years.	Annual Ratio per 1000 of Mean Strength.
Fevers	13,044	214	147	2.4
Eruptive Fevers	102	2	10	.2
Diseases of Lungs	9,061	148	411	6.7
Liver	488	8	12	.2
Stomach and Bowels	9,480	155	84	1.3
Epidemic Cholera	356	6	127	2.1
Diseases of the Brain	822	14	72	1.2
Dropsies	128	2	23	.4
Rheumatic Affections	2,427	40	3	
Venereal	6,063	99	1	
Abscesses and Ulcers	6,624	109	10	
Wounds and Injuries	9,904	162	42	1.6
Punished	1,981	32	..	
Diseases of the Eye	2,771	45	..	
.... Skin	1,332	22	..	
All other Diseases	2,374	39	40	
TOTAL	66,957	1,097	982	16.1

Under the head of fevers are included 5086 cases of intermittent fever, 294 of remittent fever, 7664 of common continued fever, synochus, or typhus. From separate returns, obtained for the two provinces, it seems that intermittents are most rife in Upper Canada, the admissions out of 1000 there having been 178 annually; while in Lower Canada they only amounted to 26 annually. The prevalence of Fevers will be rendered more evident by the subjoined comparison of the annual proportion of admissions to a strength of 1000:—

	Admissions.	Deaths.
In Great Britain:—		
Dragoons and Drag.-Guards	75.	1.4
Foot-Guards	(?)	1.7
In Nova Scotia and New Brunswick	69.	1.6
Lower Canada	165.	2.4
Upper Canada	285.	

No case of ague was recorded in England and Wales; scarcely two cases a year in Nova Scotia and New Brunswick: while in Lower Canada 26 cases occurred among 1000 men, and in Upper Canada the proportion swelled to 178. And all the admissions in Lower Canada did not originate there, the far greater proportion having occurred among soldiers who came from the Upper Provinces while labouring under that disease, or who had acquired a predisposition to it during a previous residence there.

What is the cause of these differences? Are they accounted for by the physical geography of the country, or the circumstances of the climate? *Lower Canada* lies between 45°—52° N. latitude, and may be said to extend from the shores of the Atlantic to 55 miles beyond Montreal; it comprises an area of nearly 260,000 square miles, 3300 of which are covered by lakes and small rivers, and 52,000 by the St. Lawrence, leaving upwards of 200,000 square miles of land territory, of which not more than 1-40th part is under cultivation. The rest of the country is still in its primitive state, covered with forests, and overrun with dense vegetation of every description. *Upper Canada* lies nearer the tropics, in latitude 42°—46°, and extends from the river Ottawa, on the east, to the distant shores of the Pacific Ocean. A great proportion of this territory is occupied by a chain of four

vast lakes, communicating with each other by rivers of corresponding magnitude. Lake Ontario is 183 miles in length by 42 in breadth; lake Erie, connected with the Ontario by the river Niagara, is longer but not so broad. Up to Amherstberg, 600 miles west, the country is a level champaign. Seventy or eighty miles north of the lakes a lofty ridge of ground runs in a north-easterly direction, backed by other ridges of still greater elevation, which terminate in high mountains. The waters descend from this vast tract of country to the Atlantic, and, as the presence of the lakes shows, are frequently dammed in their course in Upper Canada. The St. Lawrence runs 760 miles, intersects Lower Canada in its course to the ocean, and spreads at its mouth to a width of 70—90 miles. Both sides of the St. Lawrence are bounded by lofty ranges of hills, extending on the north nearly as high as Quebec. Here the surface is generally level, but diversified by a few gentle undulations of hill and dale. Cultivation is principally confined to the banks of the St. Lawrence and its tributaries, or to the margins of the small lakes in its vicinity; "consequently," say the reporters, "most of the "towns and villages are in marshy situa- "tions, which, however, are not found to "affect the health of the inhabitants in any "material degree."

The troops in Lower Canada are quartered at Quebec, four hundred miles up the St. Lawrence; at Montreal, 180 miles above Quebec, and at the small stations, Isle aux Noix, St. John's, Chambly, Fort William Henry. The ground is well cleared in the vicinity of Quebec; the ridge of soil on which it stands is a light, dry, and well-cultivated country, but north of the river St. Charles is a considerable extent of fertile and well-cultivated district. Montreal is situated on a low, flat island, frequently inundated at the western extremity, but rising towards the east until it forms a ridge, upon which the upper part of the town is built. The hill of Montreal is 600 feet high; around the town the soil is well cultivated and highly productive.

In Upper Canada the shores of the lakes, and the country for several miles around, are often flat and swampy; sluggish rivers and streamlets intersect the surface in every direction. Every variety of soil is met with; in some parts it is thin, sandy, rocky, supporting stunted forest trees, and brushwood; in others it is either clayey or alluvial, and covered with clusters of oak, elm, maple, and all the finer species of hardwood. Extensive tracts are frequently found, of which the soil is little more than an accumulation of black mud, and these, from their being overgrown by a soft species of the trees, are termed cedar swamps. The principal stations of the troops in Upper Canada have been Kingston, Fort Henry, Point Frederick, By-Town, Toronto, Fort George, Amherstberg, Penetanguishene, and Drummond's Island. It is exceedingly difficult to decide, without an actual survey, whether the difference in the relative proportions of marshy and other soil in the Canadas, is sufficient to account for the difference in the character of the diseases; but from the simple fact that the lakes exist in Upper Canada, it may be assumed that the water which falls on the surface is more frequently stagnant there than in the Lower Province; and we read in the Report that part of the town of Kingston is considerably elevated, but that the other part is low, and at the dockyard opposite the ground is described as swampy; that the site of Toronto was originally wet meadow land, which, towards the east, where the river Don falls into the lake, is still marshy, and supposed to exert an unfavourable influence on the health of persons in its vicinity, but that no other part at present deserves that character. The principal bodies of troops were quartered at these two stations, from which the others do not differ essentially.

The climate of Upper Canada presents some peculiarities: the mean temperature 1822—7 was 48°; the mean maximum 68°5, the mean minimum, 27°1. The mini-

mum attained in January was 14° below zero; the maximum attained in July was 91°. But there is, of course, considerable variety of climate in a country so extensive. In Lower Canada the mean temperature was 6° lower, or 42°; the mean maximum was 63°, the mean minimum 22°. The absolute maximum, which was attained in August, was 87°, the absolute minimum 23° below zero. At Quebec the thermometer has been known to fall 70° in the course of twelve hours. The cold weather sets in as early as November, and from the end of that month to May, the ground remains covered with snow to the depth of three or four feet. During this period there is generally a clear dry atmosphere. The seasons do not glide into each other imperceptibly; summer succeeds winter so rapidly, that the thermometer sometimes rises to 80° at midday before the ground is clear from its covering of snow. In June, July, and part of August, the heat is said, by the Reporters, to be as oppressive as in the West Indies; but it is evidently not so great by several degrees as in Upper Canada. The meteorological tables establish that fact. The winter of Upper Canada is shorter by two months than that of Lower Canada. These thermometric differences are accounted for by the latitude, and by the vicinity of the lakes, which have a singular tendency to regulate the atmospheric temperature.

It appears, then, that heat, moisture, and marshes are most abundant in the province pervaded by agues; but let us adduce the opinions of the Reporters:—

"In Upper Canada these diseases prevail most among the troops stationed along the course of the great lakes from Kingston to Amherstberg; they are almost unknown at Penetanguishene and By-Town. The settlers who reside even at the distance of a few miles inland rarely suffer from them; yet the districts enjoying this exemption are in many parts covered with lakes, intersected by streams, and abound in marshy ground, decayed vegetation, and all the other agencies to which the origin of this type of fever is generally attributed. A reference to the Report on Nova Scotia and New Brunswick will also show that though the same agencies exist to a similar extent at some of the stations in that command, intermittent fevers are almost unknown.

"These diseases, too, are said to be comparatively rare wherever the surface is covered with dense forests, even though the ground is wet and marshy. The vicinity of lands recently cleared are most subject to them, particularly meadows or open patches of the forest, which, though denuded of trees, have not been brought under cultivation; it would appear, too, that their prevalence is diminishing with the progress of agricultural improvement; for it will be observed, on reference to the Abstract of Diseases, No. III. of Appendix, that since 1831, a period during which this province has been rapidly advancing in wealth and population, and many important changes have taken place in the vicinity of the stations occupied by the troops, intermittents have become comparatively rare, the proportion attacked having been scarcely one-tenth part so high as the average previous to that period.

"Intermittents most frequently occur from July to September, when a high temperature prevails; but they are also to be met with, though more rarely, in spring, when that agency could only operate in a trifling degree to induce them. Though a source of considerable inefficiency among the troops, they add but little to the mortality, as not one case in a thousand proves fatal. A person who has been once attacked is exceedingly apt to suffer from them again; but this susceptibility is easily removed by change of residence to the northern parts of the province, or to Lower Canada.

"In some years fever also manifests itself along the borders of the lakes in the remittent form, but not of so fatal a character as in the West Indies or the Mediterranean, for only one case in 16 is found to have proved fatal among the troops."

The troops are more exposed to typhus in Lower Canada than in either the United Kingdom or Upper Canada:—

"Though there exists but little intermittent fever in the lower provinces, the common continued form is very prevalent, about 131 per thousand of the force being attacked by it annually; this is one-half more than the proportion in Upper Canada, and nearly twice as much as in the United Kingdom, or the maritime provinces of Nova Scotia and New Brunswick. Owing to this circumstance, though fevers are, on the whole, more prevalent in the upper province, they cause exactly the same degree of mortality as in the lower, the greater number of cases in the former being counterbalanced by the more fatal character of those which appear in the latter."

The barrack and hospital accommodation appears to account for this to a certain extent. By some recent measurements, sup-

plied by the officers of the medical department, the maximum of space allotted to each soldier is calculated at 300 cubic feet, while the minimum does not exceed 216 cubic feet. The Reporters add that this is little more than half the space deemed essential to health in the prisons of this country. It would seem either that there was not room in Canada for barracks, or that timber was expensive, when the miserable cells, in which the men act towards each like so many Joyce's stoves, were erected. Such facts as these are revolting; it cannot be doubted that a third of the deaths in the Army are occasioned by crowding in the barracks. The close barracks efface the effects of climate in many stations.

[The cold season is healthier than the hot season when fevers prevail in the [Canadas;

	Admissions into Hospital.	Deaths.
Six months, April to Sept.	38551	541
Six cold months, Oct. to March	28347	402
Total in 20 years	66898	943

The proportion of the soldiers constantly sick does not differ materially from that observed in Great Britain; it is nearly 44 in 1000. In 1821 the proportion of sick was 51; in 1833 the minimum, 40, was attained.

Numbers constantly sick:—

Years.	Mean of the numbers per cent. constantly sick.
1817—26	4.20
1827—36	4.55

The following is a class of diseases which rarely prove fatal, but are a great cause of inefficiency in armies:—

	Annual Ratio of Admissions per 1000 of Mean Strength in		
	Nova Scotia and New Brunswick.	Upper and Lower Canada.	United Kingdom.
Rheumatic Affections	30	40	50
Venereal	83	99	181
Abscesses and Ulcers	105	109	133
Wounds and Injuries	148	162	126
Diseases of the Eye	51	45	19
— Skin	23	22	29
Punished	31	32	8

"The first and most striking feature in this comparison is, that in a climate of which the temperature in winter is so low, and liable to such sudden alternations as that of North America, the proportion of rheumatic affections should be less than in the United Kingdom. It is even lower than in the Mediterranean or Bermuda, though there the thermometer rarely falls to the freezing point, and the atmospherical vicissitudes are comparatively trifling. Observations recently made by the Medical Association of Great Britain on the prevalence of rheumatic affections in different counties of this kingdom have given similar results, and established that these diseases are less under the influence of atmospheric agency than has generally been supposed.

"Venereal affections are only about half as prevalent as in the United Kingdom; and a reference to the Abstract of Diseases, No. III. of Appendix, shows, that in Canada syphilis has of late years become almost extinct, not more than three in every thousand soldiers having been treated for it annually, and of these the greater proportion were recruits who had contracted the disease in this country. So far as we can learn, there are no sanatory regulations to prevent its propagation, but probably at the remote stations opportunities of contracting it are comparatively rare, to which circumstance also may be attributed the marked exemption of the detachments in the upper provinces, among whom cases are seldom or never observed.

"The proportion of wounds and injuries

is, in both commands, greater than in the United Kingdom; but it must be kept in view that in North America this is considerably increased by a cause which seldom comes into operation in other Colonies, viz., frost-bite, of which 446 cases have come under treatment in Canada, and 183 in Nova Scotia and New Brunswick. These were in many instances contracted on night-duty, during the inclemency of winter, but more frequently arose from heedless exposure during intoxication. Somes of the cases were so severe as to terminate fatally, others rendered amputation necessary, and added considerably to the invaliding from these commands.

"Diseases of the eye are nearly thrice as prevalent as in the United Kingdom; this is generally attributed to the reflection of the snow during the winter months, and as they are found to be most common during that season, and to exhibit nearly the same degree of prevalence in every year, that cause may probably have had considerable influence in inducing them."

It would seem, upon the whole, that the climate and soil of Canada are neither uncongenial nor insalubrious. The agues will gradually disappear before the progress of cultivation; the British colonists have only to see that their cities are founded in healthy spots, that the streets are wide, well paved, and drained, in order to secure as good health as is enjoyed in any part of England.

The civil war, and the consequent distress of an unsettled state of things, will, probably, give rise to epidemic fevers in the course of the ensuing summer, unless precautionary measures be adopted. If an increased force be concentrated in British America proper accommodations should be provided for them; for the result of crowding the troops in the present barracks will be inevitably disastrous, should this country eventually go to war with America for a few square miles of territory in a distant province, where 39 parts in 40 of the soil are uncultivated, and destitute of inhabitants.

JOHN HUNTER.

FROM THE MEDICAL PORTRAIT GALLERY,
By THOMAS J. PETTIGREW, &c.

EARLY LIFE.—In 1754 he entered as a pupil at St. George's Hospital, of which he became the house-surgeon in 1756, having, in the previous year, been admitted to a participation in the lectures delivered by his brother. A very large portion of the anatomical preparations in Dr. W. Hunter's museum were made by his brother John, and his ability in this matter served to keep the two brothers united much longer than would otherwise have been the case, from the dissimilarity of their dispositions and temper. John Hunter was remarkable for his irascibility through life, and it probably served to shorten the duration of his existence. Dr. V. Knox has endeavoured to account for the irritability by which men of genius have so frequently been distinguished. They are, for the most part, he says, in a state of intense thought, while those engaged in matters of less moment, and characterised by less refinement, are often involved in a kind of mental insensibility. As happiness must have its seat in the condition of the mind, it follows that every little accident is likely to disturb the repose of him who is constantly engaged in meditation, as the string which is always kept in a state of tension, will vibrate upon the slightest impulse. "Sensibility of mind and fineness of feelings are always the attendants of true genius." This may somewhat account for Hunter's irascibility.

AS A TEACHER.—As a lecturer Hunter's manner was bad, his language embarrassed, and altogether inelegant; he scarcely raised his eyes from his book, and he much fatigued his class, which was never a numerous one,—not exceeding thirty. Hunter was, however, too anxious to display his own views and opinions, and too sensible of the advantages to be derived by the practice of teaching, to give up an engagement, in a pecuniary view, certainly of no consequence. Those only who have lectured can be sensible of the amount of labour required to keep pace with all existing knowledge upon the various subjects for consideration, and the advantage derivable from the necessity of exertion thus created. There is much sound sense in the advice of Erasmus, when he says, "Teach others also; for by no means will you better discover what you understand, and what not."

A VOICE FROM THE DEAD.—Sir E. Home has recorded the particulars of Mr. Hunter's disease and death, many of which were derived from his own dictation.* The account

* Perhaps Mr. Pettigrew will be kind enough to inform us, in his next number, by what means John Hunter was enabled to *dictate* the particulars of his own death.

exhibits the history of a complete case of angina pectoris, or that affection which is frequently found to arise from an ossified condition of the coronary arteries of the heart. This had been long foreseen by his friends, and affections of the mind operated powerfully in hurrying on the fatal issue:

> ——— "Disease augmenting year by year,
> Show'd the grim king by gradual steps brought near."

Yet it was sudden—awfully sudden. On the 16th of October, 1793, he went to attend a Board at St. George's Hospital, and there being irritated by some circumstances (the particulars of which may be found in Mr. Ottley's Life of John Hunter, p. 126), he withdrew from the committee-room into an adjoining apartment, and, turning round towards one of the physicians (Dr. Robertson) he gave a deep groan, and dropt down dead. His existence thus terminated in the sixty-fifth year of his age.

Temper and Personal Appearance.—He had no command over his temper, yet he was not wanting in sensibility or benevolence of heart. He was solicitous to advance the fortunes of his most meritorious pupils; he offered to Jenner to accompany Captain Cook upon his voyage of discovery, and he recommended Mr. Thomas as assistant-surgeon to Earl Macartney, ambassador to China. His speech was rude, and he habituated himself to the disgusting practice of swearing, which, in his day, however, was not of uncommon occurrence. He was of temperate habits, particularly during the latter part of life, in which he drank no wine. This was, probably, necessary from attacks of gout to which he was liable. In the acceptance of fees from his patients he was very considerate, particularly towards professional men of all descriptions, and he has been known to return fees, where he found his patients in embarrassed circumstances. As an operator, he has been variously described. In the performance of these painful parts of a surgeon's duty he appears to have been "slow and sure." His knowledge of anatomy would necessarily give security in these undertakings. His personal appearance has been thus described:—

"He was about the middle stature, of a vigorous and robust frame, and free from corpulency; his shoulders were high, and his neck short. His features were rather large, and strongly marked; his eyebrow projecting, his eyes of a light colour, his cheeks high, and his mouth somewhat under-hung. In dress, he was plain and gentlemanlike; and his hair, which in youth was of a reddish-yellow, and in his latter years white, he wore curled behind."

Museum.—The Hunterian museum has been frequently described. Catalogues are in the course of publication by the Royal College of Surgeons, of its various parts, by Mr. Clift and Professor Owen, under the guidance of the trustees and the Board of Curators, and will form an exceedingly valuable contribution to anatomical, physiological, and medical science, as well as to natural history in general. It is sufficient here to state, that the museum was purchased by the Government, of Mr. Hunter's family, for the sum of 15,000*l.* (though Mr. H., as he told Mr. Lynn, expended no less than 70,000*l.* upon it), and was presented to the Royal College of Surgeons upon certain conditions, namely, to preserve the collection at their own expense—to have it open to the Fellows of the Royal College of Physicians, to the members of the Royal College of Surgeons, and to persons properly introduced; the preparation of a proper catalogue; officers to explain the collection; and an annual course of twenty-four lectures on comparative anatomy, to be illustrated by the collection. In 1806 a grant by Government of 15,000*l.* was made, to assist in the erection of a proper building for the museum, theatre, &c., and, in 1810, a further sum of 12,500*l.*

BRITISH MEDICAL ASSOCIATION.

Tuesday, April 9th, 1839.

MEETING OF COUNCIL.

The minutes of the last meeting were read and confirmed.

The following gentlemen were unanimously elected members of the Association, viz.:—

Stephen Ralph, Esq., Saling, Essex.
A. W. M'Leod, Esq., Okehampton, Devon.
James Stuart Dobson, Esq., Harlow, Essex.

A letter was read from F. O. Mitchell, M.D., of Greenwich, in reply to one recently addressed to the President by Mr. Purvis, of the same place, explaining that the reasons which induced him to make the tender of which that gentleman had complained were, that Mr. P. had himself introduced the system of tender, and that he had held the situation of parochial medical officer at a lower amount of salary than Dr. M. had tendered for.

A letter from Martin H. Lynch, M.D., of Newcastle, on the subject of the Medical Coroner's Fund, and warmly approving of the general objects of the Association, was next read,—as were several interesting communications which had been received from Dr. Maunsell, of Dublin.

A report was presented by Dr. Webster, stating that the gentlemen appointed for that purpose had again waited on the Poor-Law Commissioners, to whom they had presented the "Report and Plans for an Amended

System of Parochial Medical Relief," as agreed to by the Council;"* that the Commissioners had given the most serious attention to the representations made to them by the Deputation, and that while they feared that, for the most part, grievances were now irremediable, they had expressed their earnest desire to adopt, for the future, such a system as should secure the profession from just causes of complaint, and provide the best medical attendance for the poor. To this Report was appended a letter, which had been received by the President, and of which the following is a copy, viz.:—

"Sir,—The Poor-Law Commissioners beg leave to acknowledge the receipt of the 'Report and Plans for an Amended System of Medical Relief to the Poor,' which have been transmitted to them by you, on behalf of the British Medical Association.

"As the Commissioners intend to report shortly, to the Secretary of State for the Home Department, their opinions on the subject of medical relief, they do not think it necessary to say more at present than that they will give to the suggestions of the British Medical Association their most attentive consideration.

"The Commissioners, however, take this opportunity of expressing their sense of the candid and satisfactory manner in which the views of the British Medical Association with respect to medical relief, have been brought under their notice by the Deputations of that body which they have lately had the honour of receiving.

"Signed by order of the Board,

"H. W. PARKER, Assist. Sec.

"George Webster, Esq., M.D., President of the British Medical Association."

Two letters were considered which had been received from the President of the Stroud Branch of the Association, on the subject of the Poor-Law; and requesting the opinion of the Council on the case of an illegal practitioner in that district, which had been submitted to him. The necessary information was directed to be communicated by the President.

Letters from Mr. Fowke, on the illegal practice of medicine, and from Mr. Attenburrow, of Nottingham; from Mr. Edmonds, of Kinton; from Dr. Taylor, of Kingston; from Mr. Ralph, of Saling; and from Mr. M'Leod, of Okehampton, on the subject of the Poor-Law, were then read and considered.

It was moved by Dr. GRANVILLE, seconded by Dr. HULL, and resolved unanimously,—"That a letter be addressed to Mr. Wakley, M.P., with a request that he will take an early opportunity of asking Lord John Russell, in Parliament, whether it be the intention of Government to publish, in the course of the present session, the concluding part of the evidence taken before the Medical Committee of 1834, which was long since ordered by the House of Commons to be printed, and which his Lordship had led a Deputation of the British Medical Association, who had the honour of waiting upon him in 1838, to expect would be forthcoming without unnecessary delay: it being essentially necessary to the full and effective consideration of the present state of the medical profession in the United Kingdom, and to the reform of the manifest abuses existing therein, that the evidence in question, obtained at so much expense and trouble by the Legislature should no longer be withheld from the public."

A report having been received from the Finance Committee appointed to conduct the expenditure in the election of Mr. Wakley as Coroner for Middlesex, and it having appeared therefrom that the expenses incurred had, in consequence of the vexatious opposition of the non-medical candidate, greatly exceeded the amount hitherto subscribed, the Council strongly recommended to the consideration of their medical brethren, both in the metropolis and the country, the propriety of increasing the fund commenced by the Council for the purpose of securing the election of a Medical Coroner, free from expense to him; and in order to promote this desirable object Messrs. Davidson and Farr were appointed as a Deputation to confer and arrange with the Finance Committee on the subject, with a view to collecting sufficient funds to prevent the expense falling to so large an amount on Mr. Wakley.

The heads of a Parliamentary Bill, which had been drawn up on the report of the Subcommittee appointed to consider the question of a Tripartite National Faculty of Medicine, were presented, but the consideration thereof was referred for the present to the Sub-committee.

The meeting was then adjourned.

* To be published in THE LANCET of next week.

MEDICAL SOCIETY OF LONDON.

Monday, April 1st, 1839.

DR. L. STEWART, President.

CURE OF CONGENITAL CLUB-FOOT.

DR. KRAUSS was induced to send a paper to the Society on club-foot, in consequence of some observations made to the members on the subject by Dr. Little, in which he mentioned a case of congenital varus, the cure of which he considered doubtful. Dr. Krauss is of opinion that the anatomy of this deformity is intimately connected with its cure, and believes, in opposition to Scarpa and Dr. Little, that the displacement of the astragalus is one of the principal and most characteristic symptoms of varus. The ascertainment of this displacement, whether

it be of a primary or a secondary origin, was highly important, as on it were founded the two principal conditions of the mechanical instrument employed in its cure. With all deference to the merits of Dr. Stromeyer, he (Dr. Krauss) did not consider the methods and principles of that physician's practice to be so perfect as not to admit of improvement. Regarding the Stromeyerian method of dividing tendons with two punctures of the skin, and with a concave or convex fistula knife, Dr. Krauss observed, that the convex knife could be used with advantage, only when the tendon to be divided was prominent, the skin covering it not too thin and tight, and the part to which the tendon was attached of small volume. If the tendon was not prominent, and more of a flat than of a rounded shape, it was difficult to encircle the tendon at once by a concave knife, and thus it was often preferable to use a short convex knife, with a straight back, if it was possible and required to press down the skin on one side of the tendon, in order to introduce the knife deep enough to pass through the whole of its body. Although it was of no particular consequence to make two punctures of the skin, yet, as the operation could be more easily performed by making one puncture, the former method need not be adopted. Dr. Little sometimes used a convex, sometimes a concave knife, for the purpose of dividing the tendo Achillis. Dr. Krauss considered that a concave knife was not convenient for that purpose, because the front surface of the tendon was flat, and its posterior surface convex; and, again, in dividing the tendon, even with a convex knife, the part of the tendon corresponding with its greatest convexity becomes divided the last. Dr. Krauss also objects to the mode of introducing the knife flatways, and then turning its cutting edge towards the tendon, for he says that by this proceeding the parts are apt to be injured by the turning of the blade of the instrument. It was inconvenient to place the patient in a chair when the tendo Achillis was to be divided, inasmuch as the back surface of the leg was not brought towards the face of the operator, and it was, therefore, impossible to make an accurate examination either during or after the operation. In proof of the justice of these remarks, Dr. Krauss referred to the fourth and fifth cases of Dr. Little, recorded in THE LANCET, in which it was necessary for the operations to be repeated, in consequence of some fibrous strings remaining undivided by the first operation.

The mechanical part of the treatment of club-foot was by far the most important and difficult. He (Dr. K.) considered that the footboard of Stromeyer was deficient, as it possessed no proper means of fastening the foot, or of straightening the curve which the foot forms in varus; as it only acted by a fixed pressure, and did not admit either of the patient's walking or standing.

Dr. Krauss insisted upon the necessity of distinguishing accurately between congenital and non-congenital varus. In the latter, as the displacement and change of shape of the tarsal bones did not arrive at such a high degree; as the ligaments were looser, and as the deformity was almost maintained through the contraction of certain muscles, it followed that the cure was, in general, possible, up to the age which permitted the division of tendons; while, on the contrary, the cure of congenital varus depended not only upon the age and constitution of the patient, but also upon the degree of displacement and change of shape of the tarsal bones, and the degree of the rigidity of the ligaments.

Dr. Krauss considered that bony vegetations did not often prevent the cure of varus; the articulating surfaces, it was true, had partly lost their polish, and were rough, but the efforts of nature powerfully assisted in polishing them again after the straightening of the foot had been effected. Indeed, he believed that there were few cases of congenital varus previous to the age of thirty which did not admit of cure. The cases of congenital varus cured by Stromeyer, and related in his recent publication, referred to children of one, two, and five years of age, only one as late as the ninth year being recorded, and in this the deformity existed only in a slight degree. In the case of congenital varus, presented by Dr. Little to the Society, at the first meeting of the session, as the most difficult he had cured, the foot assumed its natural shape in eight or nine weeks after the division of the tendo Achillis, and was, therefore, evidently a case of a slight kind. The means of curing aggravated cases of congenital varus consisted in a proper mechanical treatment, for which purpose the instruments of Stromeyer were insufficient.

Monday, April 8th, 1839.

DIVISION OF TENDONS.—CASES OF SUDDEN DEATH.

Mr. BRYANT inquired whether Dr. Krauss had had the opportunity of examining any tendons after division in the human subject; and if so, what was the nature of the intermediate substance?

Dr. KRAUSS had never had such opportunity. He had, however, made a variety of experiments on rabbits and other animals, and he had found that the uniting substance was of a fibrous texture, the fibres running rather in a transverse than a longitudinal direction, and forming a structure quite as strong as the tendon itself. He had often found that the intermediate substance was of much larger volume than the tendon. In one case, in the human subject, in which he had di-

vided the tendo Achillis, inflammation of the intermediate substance, of an acute character, set in three or four weeks after the operation. The new structure was, by this means very much thickened; the thickness was eventually considerably, though never entirely, reduced. In another instance he had felt the new tendon to be very hard to the touch, as though there was a deposit of cartilage in it; and, in another case in which inflammation and suppuration followed the division of the tendon, union eventually took place, but it was three months before the limb could be exercised.

Mr. BRYANT said that the experiments just alluded to differed in their results from those of Sir A. Cooper, who had found that divided tendons invariably united by bone.

Dr. KRAUSS replied, that as far as he knew, in the experiments on the division of tendons, made by various continental operators, bony union did not follow.

SUDDEN DEATH.

Mr. CRISP related a case which had occurred in the practice of a surgeon in the Borough, who, on being called to a patient in the neighbourhood, found him dead. The patient in question, 43 years of age, had been a strong, healthy, temperate man. He had a day or two before his death complained of being a little feverish, and of a slight soreness of the throat. He was better, however, on the day in the night of which he died, went about his usual employment as an ostler, played with his children in the evening, and went to bed apparently well. After he had been in bed a few minutes his wife perceived he breathed very laboriously, and in the space of a few minutes he died. Externally the body was plump and muscular, being beautifully developed; the face, head, and shoulders were of a livid hue, some parts presenting a mottled appearance. Small patches, of a purplish colour, were visible on various parts of the skin; these were, however, much less distinct than they had been when the body was warm; they were then red. A quantity of bloody mucus flowed from the mouth.

Examination internally, thirty-six hours after Death.

The brain and its membranes were healthy, the vessels not being so turgid as in other parts of the body. The lining membrane of the trachea was very red and covered with bloody mucus. On dividing the integuments of the thorax, blood flowed from the surface, the lungs were gorged with fluid blood, of a colour not so dark as usual; the pericardium presented a healthy appearance; there were about two drachms of fluid in its cavity. The heart was of natural size, but very flabby; a small quantity of dark fluid blood was found in both auricles; all the valves were perfectly healthy. The root of the pulmonary artery was larger than natural, and would admit three fingers. The ventricle, also, was a little dilated. The lining membrane of the aorta was of a dark brick-dust colour, and had the appearance of having been dyed. The intestines were darker than usual, apparently from the fluid state of the blood. The viscera were all healthy, with the exception of the cardiac extremity of the stomach, which had a livid aspect. This viscus, although much distended with flatus, was found empty on an incision being made into it. The mucous membrane appeared rather softened.

Mr. Crisp said that the only morbid changes detected in this case being a very unusually fluid state of the blood, a flabby condition of the heart, and the dilatation of the pulmonary artery, he was at a loss to know the cause of death. He had little doubt, however, that it resulted from a change produced in the blood, but upon what that change depended he was at a loss to imagine. He had never before seen so peculiar a state of the integuments, which, on being cut into poured out blood as is the case during life.

Dr. JOHNSON thought the case related was one of "petechia hemorrhagica," and that the patient was suffocated by the engorgement of the lungs. He had seen a case of this disease in a young healthy man, who, forty-eight hours before death, had not a symptom of disease. He ate a hearty supper at night; the following morning he was covered with spots and stripes of a dark colour over the entire surface, and blood flowed from the outlets, from the chest, stomach, intestines, and bladder. In this case the lungs were gorged with dark fluid blood, and every membrane of the body was spotted with black patches.

Dr. BENNETT was inclined to attribute the sudden fatality in Mr. Crisp's case to functional disease of the heart. He had related a case early in the session in which a man who had been the subject of angina pectoris died suddenly; and in this instance the only appearances observed were, an unusually flabby state of the heart, a fluid condition of the blood, and the same stain of the integuments as was observed in Mr. Crisp's case.

Mr. BRYANT thought that the sudden death depended upon the flabby state of the heart; that organ, from some unknown cause, having been suddenly incapacitated from performing its office. He recollected the case of a medical man who died very suddenly, while in apparently excellent health; in this instance the only morbid appearance was an unusually flabby state of the heart, with a fluid state of the blood.

Mr. PILCHER thought that in Mr. Crisp's case death might have arisen from the effusion of blood in the bronchial tubes producing suffocation. It might, however, have de-

pended upon a flabby condition of the heart. This organ, when softened and flabby, as in the cases related, might go on performing its functions tolerably for a long period; but on the occurrence of some cause calling on it to do more than usual, death might ensue. It was exceedingly necessary in cases of sudden death to examine all parts carefully. He had lately inspected a body, in which a medical man, under a coroner's order, had only been able to find some mucus in the bronchi to account for the sudden death. He, Mr. P., had found that suffocation had been produced by enlargement of the tonsils.

After a few words from Messrs. Linacre, Procter, and Kingdon, the Society adjourned.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 6th, 1839.

The Society was occupied this evening by the relation of some cases in which mesmeric "manipulations" had been performed on several "young ladies." The relation of the absurdities connected with this humbug kept the members in a roar of laughter, and altogether the affair was "as good as a play."

This evening (Saturday) will be holden a special general meeting to consider matters of great importance to the welfare of the Society.

SUFFOLK LENT ASSIZES.

Tuesday, April 2nd, 1839.

ACTION AGAINST A CURATE FOR DESTROYING THE LEG OF A CHILD BY AN ATTEMPT TO TREAT IT MEDICALLY.

The following case is reported in the *Bury Post* of April 3rd. Sir John Vaughan presided in Court:—

GLADWELL v. STEGGALL.

This was an action brought for the improper medical treatment of the plaintiff, who, being an infant, sued through Mr. White, surgeon.

Mrs. Gladwell, of Rattlesden, stated that the plaintiff, her daughter, was aged nearly 10 years; the defendant is a surgeon and clergyman; he keeps a little shop; he attended the family of witness previous to this occurrence, and witness had paid him for attendance; he attended females in their confinements, drew teeth, &c. On Friday, the 23d of March, 1838, her daughter complained of pain in her leg and knee, and witness called in the defendant. Witness never heard her complain of any accident; defendant put her foot on his knee and examined her; he asked for some vinegar, but witness had none; he then called for some cold water, and he afterwards had about 4¼ yards of calico; he then asked for a book cover, and an old cover of a Bible was cut in halves; he put one on each side of the ankle; before he put it on he wetted the leg with cold water and also the cover. He then bound it up and told witness to send down for some lotion to bathe it with. He said it was a fracture, and that the ankle-bone "slopped out," and went in again, and dislocated three little bones on the top of the foot. Witness received the lotion and kept the place moist, according to defendant's direction; the leg that night appeared inflamed, and there was more pain. When witness put on the wash, steam appeared to come from the leg, and the child appeared as if her senses went away, and she said she felt worse. The lotion was applied many times during the night. Both witness and her husband sat up all night and applied the wash; it dried up very fast. The defendant came on Saturday, undid the binding, and desired witness to get some new calico, as the old was not strong enough. With the new calico he bound up the foot, keeping the cover on. The child told him her leg was very full of pain, and seemed getting worse. He stayed about half an hour. On Sunday witness loosened the bandage down part of the leg, which appeared to give very little relief; her senses were almost gone. On the Sunday the leg was much swelled; defendant undid it, and applied the wash, and did it up as before, and expressed his surprise at seeing it in that state. He did not then say what was the matter. The child once called out "Oh!" and Mr. Steggall said that *he* should call out, for it was such a fracture that the child must know how she did. She replied that it was only a pain in the knee. On Monday defendant undid the bandage, and there was a large blister on the inside ankle, and three blisters on the top of the foot. The book-cover laid over the large blister; he took a lancet out and pricked it; some matter followed; about a teaspoonful came out. The leg was very much swelled. He ordered the ankle to be fomented, and a poultice to be applied were the blister was. Witness afterwards had some powders and medicine from the defendant. Poultices were applied about three times a day; the leg got worse and worse, and the bone kept parting away, quite visible, decayed; the discharge was as much as a teacupful at a time when she dressed the leg, and the child got weaker and weaker. On the Monday Mr. Cottingham called with the defendant, and saw the leg, and witness was directed to use a poultice of bread and turnip, and to give wine, with a powder. Witness heard them say it was a serious case. To the 18th of April, the child grew worse, and she appeared as if she could not live. On that day her husband sent for Mr. White, of Gedding,

who, on Saturday, called again with Mr. Bree and Mr. Freeman, of Stowmarket. They sent for Mr. White owing to Mr. Steggall having said that the leg must come off, and wished her to be got into the hospital. On the Saturday the leg was taken off, at her house, below the knee. The child is now very well; she goes about on crutches. She had been, with the exception of a fever, very healthy till last March.

Cross-examined.—In September last a bill came for the attendance on the child and her sister, demanding immediate payment.—These legal proceedings were then in progress. On the day the child first complained, she had been dropping (corn) in the fields; she had a quarter of a mile to come. She came home in the forenoon, and complained of her foot; witness asked her if she had fallen down or jumped on anything; she persisted that she had not. The places on the knee and ankle looked very red, and were a little swelled; witness put on a little vinegar. During the remainder of the day she sat in a chair, her leg being on another. The redness extended, and the pain increased. Next day she sent for the defendant. Witness said it was possible the child might have put her leg out, but she would not tell her. The child could stir her toes very well. Is sure Mr. Steggall told her it was a fracture, twice: her daughter and husband were by when he said so. Mr. Steggall did not order leeches. Mr. White took off the leg; Mr. Steggall was not present at the operation. After Mr. White was called in Mr. Steggall was told not to attend any longer.

The father and sister of the child confirmed the preceding evidence. The former deposed that after the operation Mr. Steggall denied having said there was a fracture, but on taking him to his wife, he admitted having said so.

The *Rev. S. Page* proved that he recommended the sending for Mr. White, the parish surgeon, thinking the child's life in danger. The defendant was perpetual curate of Ashfield, with a small stipend, and had no other preferment; there was no outward appearance of a shop at his house at Rattlesden; he did not know whether there was a shop or surgery behind.

Mr. Bree, surgeon, of Stowmarket, deposed that he met Mr. White by invitation on the 13th of April, and found considerable disease in the ankle-joint, a quick pulse, and considerable hectic fever: he considered amputation the only means of saving the child's life. Messrs. Freeman and White were of the same opinion. After the amputation they made an incision into the ankle, and found the joint deeply diseased by the ulceration, producing caries. There was no fracture. He considered the original disease was acute inflammation, brought on probably by cold. There could be no justification for applying the splints, as, from the [parents' description, there must have been considerable inflammation. The application of them betrayed gross ignorance. No circumstance but a fracture could warrant the application of a bandage. (The bones were now produced.) He did not think that the inflammation would have so increased unless the means employed had been adopted. The blisters were produced by great pressure.

In cross-examination Mr. Bree admitted he had had a paper-war with Mr. Steggall, and had mentioned him in THE LANCET, as an instance of want of protection to the profession and the public; and that he had applied to Apothecaries' Hall respecting him. Any kind of pressure on an acutely-inflamed joint was decidedly wrong; the object in view was to reduce the heat. There would be nothing improper in a light cloth with cooling lotion, after leeches, but it was decidedly wrong before leeches. In a mild inflammation, lotion without leeches would not be improper. A poultice powder would be a useful application if there was a discharge from the joint. In chronic ulceration cases healed better when supports rendered the circulation more gradual, but there was, from what he had heard, nothing to justify the use of the splints. Had there been a fracture the child could not have walked home. When the amputation took place the child seemed dying, and he did not think it would have lived forty-eight hours.

Mr. Freeman, of Stowmarket; Mr. Image, of Bury; and Mr. Lawton, of Boxford, surgeons, agreed in opinion with Mr. Bree.

Mr. KELLY addressed the jury in behalf of the defendant, who had received a medical education, and finding his miserable stipend inadequate to support a common labourer, resorted to the profession he had been brought up to for a livelihood. He contended that the action was brought at the instigation of the medical men, to make a victim of Mr. Steggall. He called upon the jury to disbelieve the statements of the parents as to Mr. Steggall having called it a fracture, and as to the tight bandaging, which he maintained were statements absolutely incredible as regarded any person of the slightest medical reading or experience, and contended that the cloth was merely laid on lightly, with the lotion, to reduce inflammation. The parents, he said, had denied every direction given by Mr. Steggall, saying that he had not ordered leeches (which he had done), because they knew that if the truth were told their cause would be lost. He asked why they had not called Mr. Cottingham, who saw the case nine days after the commencement? and complained of the hardship of the law, which would not allow him to examine Mr. Cottingham as to what Mr. Steggall had told him, whilst the

real plaintiff in the action had been heard as a witness.

His Lordship, in summing up, left it to the jury to say whether the allegation of ignorant and unskilful treatment was made out.

The Jury, after three-quarters of an hour, found a verdict for the plaintiff,—Damages 10*l*.

EXTRAORDINARY CASE.

NISI PRIUS COURT.—BEFORE LORD ABINGER.

HORTON v. DRUMMOND AND OTHERS.

THE plaintiff in this case is a respectable tailor and draper, living at Croydon; the defendant, Mr. Drummond, a respectable surgeon; and the two others, Coleman and M'Carthy, are police-officers, all resident in the same town.

Mr. THESIGER said this was an action brought to recover compensation, in the shape of damages, in consequence of the defendants laying violent hands upon the plaintiff, and depriving him of his personal liberty, under the pretext that he was a person in a state of insanity, and incapable of taking care of himself. This was one of the most extraordinary cases which he (Mr. Thesiger) ever had the honour to present before a jury. He was entirely at a loss to account for the part which Mr. Drummond had taken in this affair. From the personal knowledge he had of that gentleman he could not, he would freely admit, believe that he could have acted from a malicious motive. At the same time the act was so monstrous and outrageous that he (Mr. Thesiger) felt strongly that commensurate damages were required for the injury done to the plaintiff.

The following witnesses were then called:—

James Talbot examined.—I am a clothier, and live at Croydon. On the night in question I saw M'Carthy, Mr. Hatcher, and other persons, running towards Mr. Horton's house. Mr. Drummond was present there. When we got to the house I heard no noise inside. The party named appeared to be consulting as to the best means of taking the plaintiff. I heard Mr. Drummond tell the officers to use force rather than fail in taking him. The officers appeared to hesitate, and I heard him say, "I have an order from Mr. Sutherland, the magistrate, and I will be responsible." The doors of the house were fastened, and the party went round to the back door and attempted to make an entry. The plaintiff got out of bed and opened a window, and demanded to know what they wanted there? Some one said, "We want to come in." The plaintiff said, "I'll not come down stairs any more to night." One of the party then broke the door open, and Shorfield entered first and followed him. When we went into his bedroom we found the plaintiff sitting on the foot of the bed dressing himself. Shorfield then addressed him, and said, "Don't let us fall out, Mr. Horton, because we are old acquaintances." At this time M'Carthy was present. Shorfield began to search the plaintiff's pockets, when he remonstrated, and said, "I have nothing belonging to you." After he had dressed himself the plaintiff went to the bedside, and caressed a child who had been sleeping with him. He manifested nothing like violence. When he was taken down stairs, Mr. Hatcher requested of the officers not to restrain him, but allow him to go along quietly of his own accord.

David Norman, examined by Mr. CHANNELL.—I am apprentice to the plaintiff. On the night my master was taken away I supped with him and my mistress. My master and I went up to bed about eleven o'clock, and he desired her to come to bed before twelve, or he would lock the bedroom door, and put the light out. I heard no more until the back door was broken open. I heard no angry words pass between my master and mistress that night; they were comfortable. They sometimes, like other folks, had disputes, but I never saw him strike her.

Mr. W. Horton, examined by Mr. THESIGER.—I am brother of the plaintiff. On the 13th of June last I was sent for from town by the first witness. On my arrival I waited on the defendant, Dr. Drummond. When I got into his room I saw a certificate lying on the table. After telling me what had occurred he said, "This certificate must be filled up; it will require the signatures of two medical men, and two of the nearest residents to your brother, otherwise of the two churchwardens." I inquired what for, and he said, "To obtain your brother admission as a patient in the New Bethlehem Hospital." I then expressed my utter astonishment, and said, "There must be some mistake, for I am sure my brother needs no asylum of that sort." Mr. Drummond said, "Oh, yes, he was very violent last night, in consequence of his children leaving the garden-gate open, and allowing the fowls to go in and pluck up the seeds." I said, "That's all nothing; every one knows how violent my brother is at times, but that's no proof of madness." I added, "If my brother is really mad, he ought to be placed under restraint, but I believe it not, and therefore I will not sign the certificate." I asked Dr. Drummond how it was that he had not consulted Dr. Gray? He made no particular answer. I saw my brother after this interview, and I found him very low spirited and dejected, on account, he said, of the outrage which had been committed upon him. He was perfectly rational, and

free from violence, either in action or conversation. I dined with him, and we conversed freely upon many subjects, and I was quite convinced of his perfect sanity. I went after that to Dr. Drummond, and expressed my perfect astonishment that my brother should be deemed a madman and put under restraint. I said, "He is no more mad than you or me." Mr. Drummond upon this said, "The officers shall be dismissed if you will take him under your care." I did so, and he has been well ever since.

Mr. PLATT addressed the jury at great length on behalf of the defendant Drummond, and contended that he had acted from a benevolent rather than from a malicious motive. He (Mr. Platt) was aware that a verdict must pass against his client, but he thought that trifling damages would meet the justice of the case.

Lord ABINGER recapitulated the evidence, and told the jury that, having heard it, it was for them to say by what motives Dr. Drummond was actuated. The proceedings were certainly of a singular kind, yet he thought the evidence did not go to establish a malicious intent. With respect to the two police-officers, the jury would remember that they were employed by, and on the responsibility of, the principal defendant.

The jury returned a verdict for the plaintiff against the defendant Drummond, 10*l.* and costs, and exonerated Coleman and M'Carthy from the part they took in the transaction.

The Court was crowded to excess during the trial.—*Abridged from a Morning Paper.*

INQUESTS IN MIDDLESEX.

PRESCRIBING DRUGGISTS.

YESTERDAY forenoon an inquest was held before Mr. Wakley, M.P., and a respectable jury, at the Crown Inn, High-street, Kensington, on view of the body of Emily Burt, an infant, aged sixteen months, whose death occurred under the following distressing circumstances:—

Thomas Burt, a journeyman coachmaker, residing in Gardiner's-buildings, Kensington, deposed that he was the father of the deceased. On the morning of Friday last he, with his wife and four other children, were sitting at breakfast, and he was informing his wife of the decease of his mother, which had taken place that morning, when the deceased child pulled the teatray off the table, and the contents of the teapot fell over its face and shoulders, scalding it very much. He immediately applied some scraped potatoes, and also some clarified neatsfoot oil, and afterwards he went and stated the circumstances to a neighbouring chemist, who gave him some liniment, some plaster, and a draught, which were applied and administered, from which the child appeared much better; but about nine o'clock on Saturday evening his wife sent for him, and on reaching home he found the deceased in convulsions, and within five minutes it expired. He did not call in any medical assistance, the change was so sudden. The chemist did not see the deceased.

Mr. WAKLEY, in addressing the jury, said that he regretted exceedingly that a medical practitioner had not seen the infant, and exercised his skill in the treatment of so severe an injury as it had received. He doubted not the respectability of the druggist who supplied the liniment and draught, but that tradesman, and others of his calling, ought to know that they incurred a fearful responsibility in undertaking the management of such cases. He had already directed the constables to summon druggists as witnesses at inquests on bodies of persons for whose maladies the druggists had undertaken to prescribe. He now again repeated his instructions to the constable to that effect. It was a rule of conduct which he was determined to observe, and then the medical examination to which the druggist would be subjected before the jury would soon prove to the court whether they were competent to undertake the treatment of important diseases, and whether they acted with judgment or prudence in prescribing remedies without possessing an efficient knowledge of the structure of the human body, and of the maladies by which it is afflicted. It was one thing to understand the qualities of drugs, and to know how to compound them, and another to comprehend the character of the complaints for the cure of which they should be administered. In this case a medical practitioner of skill and ability would have known that the infant required the most constant and vigilant watching, and not the less so because it became quiet soon after the accident, and appeared, to the unprofessional observer, to be free from danger. The scalding water had fallen over its entire face, embracing the whole of the forehead. The injury, therefore, was close to the brain. Hence, the shock to the nervous system was extreme. Accordingly, it was found that when the child, to the inexperienced eye, seemed recovering, it was seized with convulsions, and died in a few hours. It was the business of the court to inquire into the

cause or causes of death, and as the absence of proper medical treatment might be one of them, he was determined, in all future cases, to adhere to the rule which he had laid down respecting the summoning and examination of prescribing druggists, and he hoped that such a practice would have a beneficial effect on the public health. —*Morning Post*, April 10.

In accordance with the recommendation of the Coroner, the jury returned a verdict, that "The child died from the effects of a scald, accidentally received."

Scientific Intelligence.—The Professor of the Practice of Medicine in the North London School has, we understand, recently invented, and obtained a patent for, an improved gridiron (vide Mursius, t. 1, p. 225) for the prevention of juvenile prostitution. The practical application of this ingenious instrument, is, we hear, daily demonstrated on the youthful inmates of a seminary in the neighbourhood of London, and "the Society for the Suppression," &c., have been so pleased with the exhibition, that they have presented to Dr. Ryan a large medal, bearing on one side an effigy of Priapus, and on the other a nameless publication, with the motto, "suavis odor nummi," &c. "Oh curas hominum"! Think, master Brooke, of "the phenomenon" turning gridiron-maker.

A Parody from the Latin.—*The Phenomenon.*—"In fact, he is, in medical literature and science, scarcely less clever and prolific than were Lope de Vegas in poetry and the drama, Swift in everything short of natural science; Sir Walter Scott in historical romance; not forgetting Priestly, Voltaire, Bayle, Scaliger, &c."—*Sir John Hammett.*

"*Grammaticus, Rhetor*, Geometres, Pictor
Aleptes,
Augur, *schœnobates, medicus*, magus, omnia
novit,
Græculus *esuriens*; in cœlum, jusseris, ibit."
—*Juvenal* Sat. iii.

TO CORRESPONDENTS.

We are much obliged to our friends at Gateshead for several copies of the "Observer" newspaper; but it is evident that, from the length of the correspondence, on account of which they were transmitted, that the letters are not transferable to our own columns, and, from the controversial nature of the replies, a useful analysis of the communications cannot be made. Every attempt at argument against the appointment of medical coroners is at once put to rest by the fact that the verdict of a coroner's jury is passed, or should be passed, on the cause of death; and no judge who has not received a medical education can either estimate the weight of evidence on that point, or deliver a charge thereon, with advantage to the jury, and to the express purpose of the inquisition. When human life is at a low rate of estimation in England, the propriety of "abolishing" the office may be discussed with greater profit than at the present moment.

The letter of *Mr. W. T. B.* was received, but even the cleverness of the reply does not induce us to give a chance to the individual to obtain, by its insertion, the only thing that he desires, namely, fresh notoriety.

Mr. Rogers. The investigation should have been made. An application from Mr. R. to the proper office would have insured the inquiry.

J. H. should take no step for the recovery of a fee, which, although it is *morally*, certainly is not legally, due to him. If the medical witness be not summoned by the Coroner, as is prescribed by the Act, the witness cannot be in a situation to recover remuneration for his attendance. We had thought that this fact was sufficiently well known to the profession. Of course J. H. will take care, in future, to be on the right side. He would render a service to his professional brethren in his neighbourhood by referring them to the law of the case as it is to be found in the Medical Witnesses' Act, when it is to be hoped that one and all will take especial care that they are not in future robbed of their just dues by an incompetent class of public officers.

R. S. T. All unqualified practitioners should be attacked, but the assault should be conducted with great discretion, and in no instance excepting with a certainty of a successful result. The question relative to the foreign diploma should be discarded entirely. If the man have fifty such documents they would not entitle him to practise as a surgeon and an apothecary in England and Wales.

The packet addressed by *Dr. Warburg* (if Doctor he be) has been received. The drops may be genuine, or they may be an excretion of the Doctor, tinged with a little log-wood, and we feel no inclination to run the risk of administering the latter to our patients. London already swarms with secret remedies, and the best advice which we can give to the Doctor is to return with his nostrum to the back-woods of Demerara without loss of time.

Numerous communications are in type, and shall appear next week.

Erratum.—Page 58, Report of London Medical Society, line 4, for *Sunday* read *Tuesday*.